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CHILD WELFARE CASELOAD GROWTH IN ALBERTA

Connecting the Dots

"Understanding the interrelationships of all these factors explains the caseload growth phenomena and informs practical and achievable recommendations and strategies for improving services for children and families."

Val Kinjerski M.S.W., R.S.W. and Margot Herbert M.S.W., R.S.W.

August 31, 2000

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

Background

Alberta's child welfare caseload grew by approximately 60% from November 1994 to December 1999. In January 2000, on the recommendation of the Alberta Children's Advocate, the Honourable Iris Evans, Minister of Children's Services requested an external review of the growth in Alberta's child welfare caseload. A community Steering Committee, appointed to guide the process, selected Margot Herbert and Val Kinjerski as the consultants. The time frame for the project was March 10 to August 31, 2000.

Objectives

- To identify and critically analyze factors contributing to the increase in Alberta's child welfare caseload over the past six years.
- To use this analysis as the basis for recommending improvements in service provision to children and families, in the context of the transition to Child and Family Services Authorities (CFSAs).

Context

Caseload growth has challenged governments, child welfare policy makers, researchers and practitioners in many jurisdictions over many years. Although various single causes are often suggested, what has been learned is that when caseload growth increases at a rate that seems to exceed the norm there is never a simple reason. ***The common thread is that caseload growth is complex, many layered and multi-causal.***

Although caseload growth may be a positive response to societal problems, consideration must be given to the possibility that such growth may signify problems in the service delivery system. Whether the rate of growth can or should be slowed, it is important to understand the source of that growth, and to ensure that whatever policy or practice modifications are made, the system remains relevant and responsive to the needs of vulnerable children and families.

Findings

Since 1992/1993, the average annual caseload has grown by 82% to an average of 12, 783 cases in 1999/00. However, the number of children served grew by 60% to a total of 22, 905. During this same period, child welfare expenditures grew by 83% to an estimated $293 million. The average cost per child welfare case during the same period has increased from $11,358 to $14, 292.

Five factors emerged as the result of the literature review, consultation with stakeholders, examination of existing documentation and secondary analysis of child welfare and human resource data.

1. Socio-Economic Factors
2. Organizational Factors
3. Human Resource Factors
4. Complexity of Practice
5. Move to Community Based Services

The first four factors are significant in terms of their effect on caseload growth. The fifth factor, the move to community-based services, was in its early stages during the period of significant growth in the child welfare caseload. In some areas this transition has had an effect on caseload growth, however it is too early to determine its eventual effect.

Perhaps the most significant finding of this rather complex study is that the causes of caseload growth are so interrelated that it is virtually impossible to consider any of them in isolation. It is vitally important to understand this aspect of the study since it also applies to the recommendations and strategies for improving services to children and families. Many of the recommendations and accompanying strategies are not new. However, these findings suggest that previous attempts to address the issues identified in this report have not been successful, because their implementation has not been based on an understanding of the interrelationship of the multiple factors which are part of caseload growth. ***The dots must be connected.***

1. Connecting Socio-Economic Factors and Caseload Growth

- The data suggests that the 'period of child welfare caseload stability' for the fiscal years 1993/94 and 1994/95 is artificial. Caseload growth in that period was limited in response to the provincial government fiscal restraint policy. The most marked increase in caseload growth occurred once those restraints were lifted.
- Fiscal restraints affected a range of other organizations that serve children and families, often resulting in these organizations narrowing their mandates. A significant increase in referrals to the child welfare system was noted during this same period.
- Poverty is a universal variable among all but a very few families receiving services from the child welfare system. Being poor is a stress factor in itself, and issues about housing, unemployment, transportation, and health frequently reinforce that stress. Poor children are significantly more likely to have contact with children's services.
- Narrowed eligibility for welfare and reductions of payments to parents of dependent children have made it increasingly difficult for some families to manage, resulting in referrals to child welfare. While not all of these referrals result in case openings, significant worker time is often required to advocate for these families to ensure that the basic needs (food and shelter) of their children are being met, thus avoiding the need to open a child welfare file. In many instances, child welfare funds are used to meet the immediate needs of these children, thus preventing apprehension.

- Although a factor in recent years, the 6% increase in child population over the last nine years does not account for the significant caseload growth experienced in Alberta. In some areas of the province, however, increased population, including migration has impacted caseload growth.
- The prevalence rate of children receiving protective services increases with:
  - a decrease in average household income;
  - an increase in lone-parent families; and/or
  - an increase in the Aboriginal population.
- Alberta's welfare rate for a single mother with one child is now the lowest in Canada. Families on welfare in Alberta do not benefit from the increase in the Canada Child Tax Benefit because these funds are clawed back from their welfare cheque.

It is recommended to the Minister that:

Families with dependent children who are receiving welfare have enough income to provide their children with life opportunities similar to those of other children in their communities, using the following strategies:

- Collaborate with government colleagues to set increased welfare rates for families with dependent children who are receiving long-term financial assistance.
- Annually adjust these rates to ensure an adequate standard of living for families with dependent children.
- Advocate with the Human Resource and Employment Ministry to revise their policies regarding funding extra needs (e.g., damage deposit, children's recreation, telephone and power, emergency groceries, and costs of children returning home for visits) without deducting those costs from next month's cheque, thus acknowledging the ongoing challenges facing families living within the constraints of welfare rates.
- Advocate with the Human Resource and Employment Ministry to end the claw back of the Canada Child Tax Benefit from families on welfare and children in receipt of the Child in Need benefit.
- Fund the transfer of the Child in Need program from Human Resources &Employment to Children's Services.

2. Connecting Organizational Factors and Caseload Growth

- The climate of the organization impacts the way child welfare work is done. In turn, the way the work is done is a primary predictor of good outcomes for children. Historically, the organizational climate of 'the department' has not facilitated good outcomes for children.
- Good outcomes happen when everyone in the organization shares a common vision, feels valued, and when all activities, at all levels, are focused on meeting the mandate of the organization. During the period of this review, these elements have not been evident.
- When the interests of children and families are not the primary focus, good outcomes are unlikely to occur. Children may be inappropriately kept out of the system until their difficulties are extreme. Serving these children then demands extraordinary time and resources, and helping them to move successfully out of the system becomes virtually impossible. Many children receiving services do not have their needs adequately met, resulting in major delays in permanency planning or children needing repeated access to child welfare services.
- Lack of accountability for making permanent plans for children in the system means that many children are drifting in temporary placements, neither returning home or entering permanent placements.
- Organizational change, such as the move to community based service delivery, created a climate of uncertainty and disempowerment as evidenced by the extremely high turnover rate at that time.
- The shrinking mandates of other child serving organizations have also affected child welfare caseload growth.

It is recommended to the Minister that:

Child protection services are delivered to every child in a manner that is congruent with the mission of the Ministry of Children's Services, using the following strategies:

- Articulate clear provincial standards that reflect the Ministry mission. All work, done at every level in the entire Ministry, by those who deal with budgets, deliver front-line services to children, create policy, manage resources, oversee the operation of the CFSA, should be constantly measured against these standards.
- Demonstrate active support for the four pillars of the Children's Redesign by specific budgetary decisions that are contingent on making the principles of each pillar operational.
- Early intervention – Ensure that adequate and predictable funding is available to communities for early intervention initiatives. Sanction child protection staff to work with children and families who may be at risk by forming partnerships with community agencies, in order to avoid more costly child protection interventions later on.
- Integration – Enlist cooperation of government colleagues for commitment to and active involvement in solving problems of fragmentation of services for children, among

Departments of Health and Wellness, Learning, Human Resources and Employment, Justice and Children's Services.

- Aboriginal – Require that First Nations and Metis children be served by Aboriginal social workers whenever possible. Ensure the involvement of First Nations and Metis children's communities, and where necessary establish community review panels to ensure decisions are congruent with a child's culture.
- Community Involvement – Identify and publicize successful existing partnerships between mandated service providers and community agencies and support their replication in other CFSAs and First Nation agencies

A child-centered bias clearly permeates all legislation, agreements, business plans, protocols, policies and practices that affect Alberta's children, using the following strategies:

- Use the concept of a 'children's filter' as recommended by the Children's Forum, to examine potential impact on children and families before implementing new systems, plans, policies and practices.
- Modify the Child Welfare Information System (CWIS) so that the longitudinal progress of children and families can be systematically tracked, in order to evaluate outcomes and to inform policy development and best practice.
- Amend current requirements for mandatory CWIS documentation to focus on child-centered information (e.g., assessment of child's situation, specific diagnosis, identification of specific social worker, nature of permanency plan, cultural background).
- Provide leadership and financial support so that all CFSAs and First Nation agencies will participate in ongoing evaluation of all programs and practices to ensure that they remain child centered.
- Update and implement workload standards to reflect the reality of demands on front-line staff. Reduce the size of individual caseloads thus optimizing the goal of good services for every child.
- Reduce the ratio of supervisor to supervisees to reflect case complexity and the inexperience of new staff.
- Collaborate with the University of Calgary to establish a Child Welfare Research Center in order to provide a continuing base of evidence to inform best practice for Alberta's children and families.

The Department, CFSAs and First Nations Agencies, create organizational environments that facilitate and support staff to do good work, recognizing that positive organizational climates optimize the possibility of good outcomes for children, using the following strategies:

- Financially support a public communication initiative that:
  - recognizes and appreciates the challenges faced by front-line staff and
  - informs the general public of the complexity of child welfare work.

- Recognize examples of exemplary practice and good outcomes for children through a showcase of good practice, public announcements, presentations at conferences, Ministerial recognition of individual worker excellence, and nomination for awards.
- Clarify the role and relationship between the Department and the CFSAs including how information from the Department is expected to influence service delivery. For example, demonstrate ways in which the work of the Best Practice Unit will be utilized.
- In cooperation with the CFSAs and First Nations Agencies, review the paper flow within the Ministry, with the goal of reducing time spent by both front-line staff and supervisors dealing with administrative paper requirements instead of working directly with children and families.

3. Connecting Human Resource Factors and Caseload Growth

- As of March 2000, 832 child welfare workers and 134 supervisors are employed in Child Welfare. From 1993 to 2000, the number of child welfare workers increased by 63%, while the number of supervisors increased by 58%.
- Appropriate staffing is an urgent issue. Appropriate educational background of staff means better service outcomes for children and families. The number of new and unqualified staff is a huge issue in Alberta. From 1993 to 2000 the percentage of child welfare staff with BSW and MSW degrees dropped from 67% to 54%.
- There is general agreement that the BSW degree should be the entry-level qualification for working in child welfare. Alberta is the only province in Canada that hires child welfare staff with less than a BSW.
- Aboriginal children and families are best served by Aboriginal social workers in order to ensure that all decisions made on their behalf are congruent with their culture.
- While recruitment of child welfare staff is a universal problem, in Alberta, the more pressing issue is retention of staff. The rate of turnover of child welfare staff in Alberta is very high. Since April 1993, over 900 child welfare workers have terminated or transferred out of their positions. When combined with the hiring of new staff to respond to the growing caseloads, recruiting to these vacated positions results in chronic significant inexperience on the front-line. It is hard to imagine the number of children and families affected by these changes. Currently, 43% of child welfare workers have less than two years experience.
- Salaries paid to child welfare workers and supervisors are lower than almost all other Canadian provinces and lower than social work colleagues in many other work settings.
- The media and the public often have a negative perception of the nature of child welfare work and are unfairly critical.
- Comprehensive job specific training is essential regardless of educational preparation. The current Trainee program is successful in meeting this need for those who attend.
- Quality of supervision impacts morale of front-line staff and is a factor in staff decisions to stay or leave. Many competent supervisors are challenged by the need to balance administrative demands with the supervision of inexperienced and unqualified staff.

It is recommended to the Minister that:

The standard of BSW be the minimum educational requirement for front-line social workers and supervisors in child protection; and that intensive job specific training be mandatory for all staff prior to assuming case or supervisory responsibilities, regardless of educational preparation, using the following strategies:

- Provide financial incentives and support (e.g. special learning accounts, flexible work hours, job sharing, leave of absence) for current social work staff to work toward BSW degrees and for potential or existing supervisors to complete MSW degrees.

- Increase the numbers of social work staff with BSW degrees within their own communities by creating a partnership among the Ministries of Learning, Children's Services, universities and approved community colleges, to develop and locally deliver a social work degree program tailored to the needs of communities in various locations across the province.
- Implement a team approach to child protection work, that enables staff with a variety of educational backgrounds to be part of a team under the leadership of a social worker with a BSW, thus maximizing good service to children and increasing the possibility of continuity when some staff leave.
- Communicate to staff the need to recognize the right of children and families to know the qualifications of those who are providing service to them.
- Using the existing Trainee Program as a model, develop an intensive, job-specific training program (which should incorporate what is currently known as Child Protective Services training). This training program should be developed and funded by The Ministry in cooperation with the CFSAs and First Nations agencies and must be mandatory for all new staff, regardless of educational background.
- Partner with First Nation agencies and Indian and Northern Affairs Canada to facilitate the development of similar Training Programs for staff from First Nations agencies.
- The Ministry in cooperation with the CFSAs and First Nations agencies develop a curriculum for specialized, comprehensive supervisory training in recognition of the importance of skilled educational, supportive and administrative supervision in child protection.
- Make cultural awareness training mandatory for all staff to increase emphasis on skills and knowledge for working with Aboriginal children and families in all training.
- Ensure that all CFSA staff are informed about the First Nations child welfare agreements, the Metis Nation of Alberta Framework Agreement, and establishment of Region 18. Collaborate with First Nations Liaison Units, the First Nations agencies, Metis Nation of Alberta and the Metis Settlements Region 18 to make staff aware of the impact on their work.
- Work with community colleges, universities and other ministries to create opportunities for continuing education and training for current staff, (e.g., in-service training, best practice forums and mentorship). Content should include knowledge deficits identified by staff and their supervisors (e.g., family violence, substance abuse, mental health issues, FAE/FAS, ADD).
- Work with the Alberta College of Social Work to ensure that continuing education initiatives are congruent with the requirements of the upcoming Health Professions Act.

Retention and recruitment of qualified staff be made a matter of the highest priority, recognizing that a stable and experienced workforce is critical to good outcomes for children, using the following strategies:

- Recognize and utilize the connections between the prior recommendations and recruitment and retention.
- Increase social work and supervisory staff salaries so that they are commensurate with the complexity of the work and are competitive with other agencies, other government departments and other provinces.
- Suggest that CFSAs and First Nations agencies solicit, from current staff, suggestions about strategies to attract and retain qualified staff. An implementation plan based on these strategies should be included in Business Plans and Child Welfare Agreements.
- Assess the impact of worker movements on children and families, using an expanded definition of 'turnover' which considers turnover to have occurred each time a child gets a new worker (the definition would include, for example, child welfare staff who are promoted, who transfer within the system or to another program).
- Continue to support the work of the Aboriginal Recruitment and Retention Committee in order to increase the numbers of Aboriginal staff.
- Require personnel staff in CFSAs and First Nations agencies to implement an exit interview process to identify reasons for leaving and recommendations for retention of staff.
- The Ministry in conjunction with the CFSAs and First Nations agencies establish a plan to identify and prepare potential supervisors in order to respond to the need for skilled supervision, to reduce the supervisor – worker ratio and in anticipation of future turnover of current supervisory staff.
- CFSAs and First Nations agencies partner with educational institutions to identify local educational needs and to facilitate maximum involvement in the BSW program by local people in order to increase the number of qualified Aboriginal staff to deliver child welfare services.
- Make provincial government bursaries available to students who are willing to make a commitment to working in child welfare.

4. Connecting Complexity of Practice and Caseload Growth

- Children in the child welfare system have more complex needs than in the past.
  - Increased numbers of children with emotional and physical disabilities.
  - Difficulty of 16 and 17 year olds accessing needed services.
  - Increased numbers of older children receiving services for the first time.
  - The importance of finding culturally appropriate services, including placements for Aboriginal children.
- Aboriginal children, who are over represented in the child welfare system, continue to lag behind mainstream society in all aspects of life. The needs of many Aboriginal children are not being met by the child welfare system. The lack of alternative permanent plans for Aboriginal children continues to impact caseload size.
- Current resources and interventions no longer fit with the complex needs of many children. Increased skill and knowledge on the part of all levels of child welfare staff is required.
- The number of children entering the child welfare system exceeds the number of children leaving that system, which has an obvious impact on caseload growth. Case complexity is frequently cited as the explanation.
- Almost 4,000 Alberta children are currently under permanent guardianship orders. Legal ties with their parents have been terminated and the state is now their parent. Since the average age of a child at the time a PGO is granted is 9.1 years, these children can expect to spend an average of 9 years 'in care' if a permanent placement is not found.
- The increasing numbers of children under permanent guardianship orders, the impact of the directive regarding the adoption of First Nations children, limited adoption work being done, and the lack of alternative options for permanent plans for those children have resulted in swelling of the child welfare caseload.
- Practice principles which guide the work of qualified staff contribute to good outcomes for children and facilitate timely permanency planning. Current workload standards do not reflect the reality of case complexity. Workers' ability to follow these practice principles and move toward timely case closure is thus compromised.
- Supervisor to social worker ratios do not reflect the workload demands, thus limiting the possibility of positive outcomes for children.

It is recommended to the Minister that:

The needs of First Nations and Metis children receiving child protection services in Alberta are made a priority by supporting the work of First Nations agencies and CFSAs, using the following strategies:

- Facilitate and fund the development of formal protocols between First Nations and CFSAs to promote positive working relationships and improve outcomes for children and families.

- Assist First Nations in negotiating with the federal government for funding agreements that reflect the reality of their child welfare needs, and the importance of early interventions.
- Develop and formalize a range of permanency planning options for Aboriginal children in care as identified in the Permanency Planning for First Nations Children Discussion Paper (1999).
- Provide resources for the recruitment, training and support of alternative placements for First Nations and Metis children in care, and options for in-home supports, especially in isolated communities.
- Amend the Child Welfare Act to formally recognize the rights of Metis children in a way similar to that of First Nation children (S. 73).
- Assist the First Nations to develop their own child welfare standards.
- Increase funding to CFSAs in order to increase services that help strengthen connections to families, communities and culture to Metis and First Nation children through the Family Ties program. Maintain funding based on demonstration of connection of First Nation and Metis children to their families, settlements and reserves.

Good outcomes for all children receiving child protection services be optimized by requiring CFSAs and First Nations Agencies to be accountable for skilled, comprehensive and timely planning for each child in care using the following strategies:

- Review cases of all children in care (under permanent or temporary guardianship orders) to ensure that permanent plans are being implemented for each child.
- Appoint review panels composed of community professionals and external community members, whose role would be to review the status of each child under a Permanent Guardianship Order to ensure that there is a timely and appropriate plan and that no child is kept in care without a permanent placement.
- Create and fund options to facilitate permanent plans for all children, for example, custom adoption, formalized kinship care, subsidized private guardianship, and the return of children under PGO to their biological family when it is in the best interest of the children.
- Increase options for placement and treatment resources needed for effective planning for children.
- Examine the reasons for the significant number of children re-entering the system with a view to improving practice so that children will be less likely to need repeated services.
- Encourage the practice of intervening early with families at risk in order to reduce the number of children requiring ongoing and more intrusive child protection services.
- Encourage front line staff to work with natural families to enhance the possibility that each child in an out-of-home placement can have a safe and timely return home, when appropriate.

- Revise financial compensation policies to caregivers to reflect the needs of children.
  - Make financial compensation equitable for all foster parents providing comparable services regardless of the employing foster care agency.
  - Amend eligibility for post adoption maintenance to reflect the needs of children and not the financial resources of adoptive parents thus facilitating permanency planning for children.

5. Connecting the Move to Community Based Services and Caseload Growth

- When services are delivered at the local level there is increased visibility and accessibility, which in some areas, has resulted in child welfare referrals, and consequent increase in the child welfare caseload. In some communities, this represents a positive response to previously unmet child protection needs.
- The delivery of services by First Nations agencies and Metis Settlements Child and Family Services Authority (Region 18) to their own communities has increased the trust and familiarity of community members who are now more likely to make referrals to these agencies, resulting in caseload growth.
- As more community agencies are involved in providing early intervention services, children referred to child welfare are more likely to be those who require complex and costly interventions, while staying longer in the system.
- The fact that services are now delivered from eighteen different Regional Authorities and sixteen First Nations agencies means that there are varying interpretations of the child protection mandate, which may have an impact on caseload growth.
- First Nations agencies and rural CFSAs find it difficult to offer a complete range of services within their boundaries, which impacts the possibility of permanency planning.
- Integrated service delivery is essential to support the healthy development of Alberta's children. Children continue to 'fall between the cracks' because of failure to achieve true integration among the various Ministries providing services to children.

It is recommended to the Minister that:

The Children's Ministry take a leadership role in working with colleagues in Learning, Health and Wellness, Human Resources and Employment and Justice in order to achieve full integration of services for children in Alberta, using the following strategies:

- Staff of the Ministry solicit input from the First Nations agencies and CFSAs about court issues throughout the province to submit for consideration by the Unified Family Court Task Force.
- Continue to support the current Children's Mental Health Initiative that involves working across Ministries to improve services to children who need mental health services. Systematically collect and analyze information about the mental health needs of children receiving child protection services to better inform the Initiative.
- Promote collaboration between CFSAs and First Nations agencies and Regional Mental Health offices to meet the mental health needs within their own areas.
- Examine the feasibility of legislating integration of services in all government Ministries providing services to children and families (similar to S.10 (a) the Child and Family Services Authorities Act, 1996).
- Integrate financial benefits and child welfare services, e.g., assign a financial benefits worker to child welfare worksites.

- Coordinate efforts with the Youth Secretariat on order to meet the needs of youth receiving child protection services, and participate in the development of appropriate responses to Alberta's youth.
- Promote the use of the Joint Protocol developed in Calgary among Child Welfare, Children with Special Needs and Persons With Developmental Disabilities as a model for improving collaboration between in similar parties.

An implementation team to include members of the current steering committee be appointed in order to prioritize these recommendations and oversee their implementation within specific achievable time lines.

While reviewing these recommendations, it is important to remember that the period of significant caseload growth occurred prior to the implementation of the Regional Authorities. It is apparent that many of the issues identified in this report, have also been identified in the CFSA Business Plans. Many of the goals and strategies of the Business Plans are congruent with the recommendations in this report.

A. BACKGROUND

1. The Project

From November 1994 to December 1999 Alberta's child welfare caseload has grown by approximately 60%. In January 2000, on the recommendation of the Alberta Children's Advocate, the Honourable Iris Evans, Minister of Children's Services requested an external review of the growth in Alberta's child welfare caseload. A community steering committee appointed by the Minister consisted of the following members:

- *Sharon McMullan-Baron*, Chairperson
- *Karen Ferguson*, Director, Young Offenders Center
- *Don Funk*, Regional Authority Co-Chair, Sun Country CFSA
- *Jake Kuiken*, President, Alberta College of Social Workers
- *Carole Anne Patenaude*, CEO, Region 13 CFSA
- *Carolyn Peacock*, Executive Director, Yellowhead Tribal Service Agency, a First Nation Child and Family Service Agency
- *Janice Popp*, Provincial Coordinator, Children's Mental Health
- *Jan Reimer*, Alberta Council on Aging
- *Dr. Gayla Rogers*, Dean, Faculty of Social Work, University of Calgary

A request for proposal was issued on January 24, 2000. Val Kinjerski and Margot Herbert were selected as the consultants. The time frame for this project was March 10 – August 31, 2000. Six meetings were held with the Steering Committee to review progress on the project.

The objectives of the study are:

- To identify and critically analyze factors contributing to the increase in Alberta's child welfare caseload over the past six years.
- To use this analysis as the basis for recommending improvements in service provision to children and families, in the context of the transition to CFSAs.

2. Ministry of Children's Services

The vision of the Ministry is: ***Strong children, families and communities.***

"Our shared vision is an Alberta where children and youth are valued, nurtured and loved; developing to their potential, supported by enduring relationships, healthy families and safe communities. Alberta will be child, youth and family friendly."

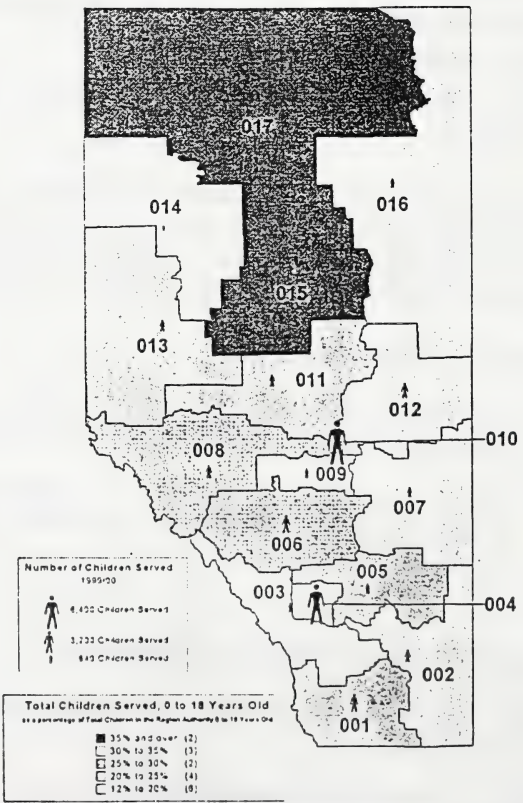
The Ministry mission statement is:

"Working together to enhance the ability of families and communities to develop nurturing and safe environments for children, youth and individuals."

In addition, each of the eighteen Regional Authorities has developed their own mission statement.

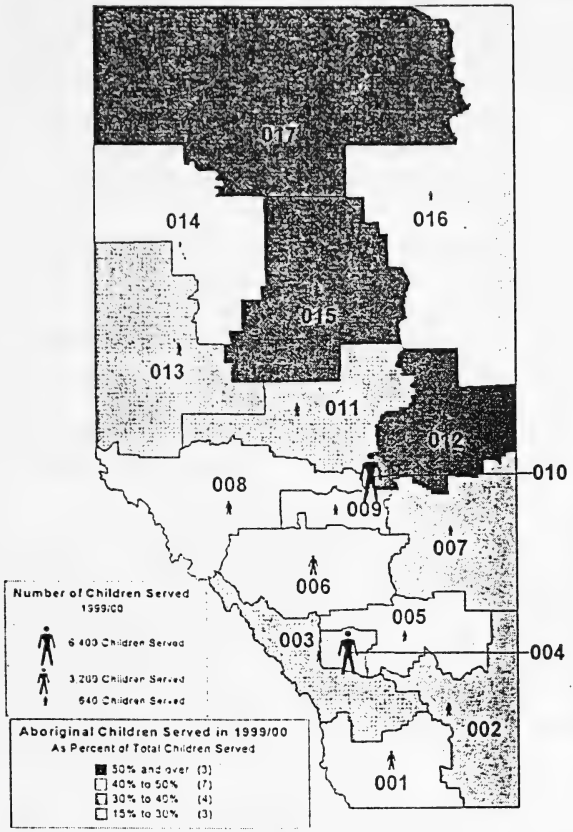
Services to children and families are delivered by 16 First Nation Child and Family Services Agencies and 18 Regional Child and Family Service Authorities, including the Metis Settlements. Calgary Rocky View CFSA began delivering services in April 1998 and the rest of the RAs began in April of 1999. Refer to Appendix A for a map of the Regional Authorities. Refer to Appendix B for a map of the Reserves and Treaties. Refer to Appendix C for responsibilities of the government, Child and Family Services Authorities and a description of the Child Welfare agreements with First Nations Agencies.

Number of Children Served
0 to 18 Years Old
As a percentage of total children in each CFSA*



* The children served by Region 18 are included in the map but the prevalence is not seen because of Statistics Canada use of postal codes to identify where a family lives. Without a proper polygon file, First Nations Agencies could not be identified on the map. First Nations children are included in the geographic boundaries.

Number of Aboriginal Children Served
0 to 18 Years Old
As a percentage of total children served 1999/00*



* The children served by Region 18 are included in the map but the prevalence is not seen because of Statistics Canada use of postal codes to identify where a family lives. Without a proper polygon file, First Nations Agencies could not be identified on the map. First Nations children are included in the geographic boundaries.

B. INTRODUCTION

Caseload growth has challenged governments, child welfare policy makers, researchers and practitioners in many jurisdictions over many years. Although various single causes are often suggested, what has been learned from both the quantitative and qualitative research is that when caseload growth increases at a rate that seems to exceed the norm there is never a simple reason, and the factors that have contributed to that growth must be carefully analyzed.

Although caseload growth may signify problems in the service delivery system, consideration must be given to the possibility that such growth is a positive response to societal problems that have required a more active response. Whether the rate of growth can or should be slowed, it is important to understand the source of that growth, and to ensure that whatever policy or practice modifications are made, the system remains relevant and responsive to the needs of vulnerable children and families.

Explanations for the caseload growth phenomena are found in the general literature on child welfare policy and practice, as well as the literature which is more specifically concerned with organizational change, social work education, the particular needs of Aboriginal people, and socio-economic issues. Universally, similar factors are identified, although emphasis may vary from one jurisdiction to another. The common thread is that caseload growth is complex, many layered and multi-causal.

The common thread is that caseload growth is complex, many layered and multi-causal.

Across this continent and beyond, the following themes in the literature regarding caseload growth were repeated with notable frequency. In no particular order, they are:

- **Poverty** is a universal variable. All children living in poverty are not at risk, but children who are part of the child protection world are overwhelmingly from poor families. Child welfare referrals invariably increase in times of economic distress, when eligibility for assistance is narrowed, and/or public assistance rates are decreased.
- **Staffing issues** are vitally important. There seems little question that appropriate educational background of staff means better service outcomes for children and families and that high staff turnover negatively affects those outcomes.
- **Organizational climate** is a crucial factor. Difficulty in hiring and retaining competent people is often related to organizational climates that fail to understand and support good practice.

- **Chronic shortages of resources** of all kinds including placement and treatment resources and other needed supports for children and families create problems for those who are trying to plan effectively for children in the child welfare system.
- **Inadequate practice** at the front-line often happens in the face of inadequate education and/or training, poor organizational climate, lack of quality supervision, high caseloads, lack of resources etc., to the detriment of vulnerable children and families.
- **Aboriginal families** are identified in the literature as they are so often over represented in child welfare systems. Cultural differences are acknowledged and the importance of modifying child welfare policy and practice to reflect the Aboriginal context is emphasized. It is important to recognize that not all Aboriginal families are at risk.
- **Organizational change** creates a climate of uncertainty, particularly when front line staff perceive that they have had little or no voice in planning the change.

C. METHODOLOGY

Initial data was collected by means of:

- A thorough search of the recent child welfare literature
- Examination of existing government reports relevant to caseload growth
- Ministry's Annual Reports
- Consultation with staff from Information and Analysis, Ministry of Children's Services
- Interviews with major stakeholders
- Consultation with child welfare "experts" from other jurisdictions

On the basis of this initial data, preliminary hypotheses were developed. These preliminary hypotheses, which were subsequently modified, suggested that the increasing caseload in child welfare in Alberta could be explained on the basis of practice issues, aboriginal issues, resource issues, socio-economic issues and organizational factors.

Subsequent activities included:

- Consultation with staff from Human Resources and Employment
- Interviews with service recipients
- Interviews with a wide range of urban and rural service providers, both Aboriginal and non-Aboriginal
- Meetings with a variety of current CFSA and Ministry staff
- Consultation with a range of stakeholders from both rural and urban areas (see Appendix D)
- Internet searches for information from other jurisdictions and other sources (for example, the Canadian Council on Social Development), and various child welfare research web sites
- Secondary analysis of statistical data from both child welfare and human resources
- Validation of statistical presentation with personnel from Children's Services and Human Resources and Employment

This process resulted in the identification of five major themes under which factors contributing to caseload growth have been organized.

1. Socio-Economic Factors
2. Organizational Factors
3. Human Resource Factors
4. Complexity of Practice
5. Move to Community Based Services

In order to further refine the data, and to ensure participation from all parts of the province and from other jurisdictions, the consultants designed a series of questionnaires, mainly based on the five general themes listed above. An introductory letter, explaining the purpose and sanction for the study, and identifying the consultants, accompanied the questionnaire. Copies of all questionnaires and introductory correspondence can be found in Appendices E-G.

1. **Questionnaire for Front-Line Staff**

   Respondents were asked to identify the degree to which a variety of factors influenced caseload growth in their regions, from a list of twenty-three items. Anchoring statements ranged from "caused caseload to decrease" to "caused significant caseload growth". Some non-identifying demographic questions followed. Finally, staff were asked an open-ended question regarding the issue of educational preparation for work in child welfare. Two hundred and seventy responses were received from front-line staff in CFSAs, none from First Nations agencies. Since the number of staff who actually received the questionnaire is unknown, we cannot estimate the response rate.

   The questionnaire was introduced at a consultation meeting with a group of CEOs, who subsequently volunteered to distribute it to staff in their regions, with the understanding that respondents would return the completed questionnaire directly to the consultants by electronic mail or regular post. Two weeks later, correspondence was sent to the CEOs encouraging staff to complete the questionnaire and advising of a two week extension for responses. For the First Nations agencies, the protocol was to send the survey to the Board Chairpersons who would determine the agency's involvement.

   A group of Aboriginal service providers in Edmonton also volunteered to complete this questionnaire and their responses have been incorporated throughout this document.

2. **Questionnaire for Chief Executive Officers of Regional Authorities**

   CEOs were asked to respond to a series of open-ended questions related to caseload growth. Questions were designed to elicit comments regarding significant regional changes, standard of practice, impact of financial restraints, staff turnover, etc. Eight of a possible eighteen responses were received from the CEOs, giving a response rate of 44%.

3. **Questionnaire for Directors of First Nations Agencies**

   This was a series of open-ended questions, very similar to those sent to CEOs, but with some modification to increase relevance for Aboriginal respondents. An Aboriginal consultant reviewed the questionnaire prior to distribution. Unfortunately no responses were received.

4. **Survey of Other Provinces and Territories**

   A letter signed by the Deputy Minister of Children's Services was sent to corresponding Deputy Ministers in each Canadian province, requesting responses to a survey instrument designed by the consultants. The instrument was introduced with an explanation of the reasons for the project, and the five major themes were listed and explained. Questions were intended to elicit comments on the experience of other jurisdictions and their ideas about caseload change or stability in their locales. Responses were received from five provinces and one territory. Additional information regarding child welfare in other provinces and territories was obtained from the Internet and incorporated into the document.

The data collected strongly confirms the five major hypotheses that form the organizational structure of this report.

During the course of this project, the consultants have met or spoken with approximately 260 people. Even as the project moved in to the final stages, supplementary consultations have been held with a variety of people who volunteered information that was germane to the project, and additional written material has been examined as it has come to our attention. Perhaps the major challenge for the consultants has been the need to limit the study strictly to the question at hand, since almost every aspect of service provision for vulnerable children and families can reasonably be construed as being connected to caseload growth.

The consultants:

Margot Herbert, M.S.W., R.S.W. began her social work career as a front-line child welfare worker. Subsequently she has worked in hospital and community social work, and as a social work consultant in both child welfare and health care. She has been Associate Professor in the Faculty of Social Work, University of Calgary (Edmonton Division) and continues to teach in the Edmonton Division as Associate Professor Emeritus of Social Work, and to do private consulting.

Val Kinjerski, M.S.W., R.S.W. is a consultant with Kaizen Solutions for Human Services Ltd. She has had a lifelong interest in children, families and communities. Her 25 years experience in social services

includes front-line service delivery, management of social service staff, as well as program, planning and development. Her expertise includes planning, project management, policy development as well as research and evaluation of programs in government and not-for-profit environments.

At the onset of the project, two colleagues were recruited as special consultants.

Joel DeBlock, M.Sc. with DeBlock Consulting Ltd. is a statistical analyst with special expertise in development of information systems and reporting procedures. Joel has performed a variety of secondary analyses of existing CWIS and Human Resource data, as well as range of Stats Canada information, and has depicted the quantitative findings for this report.

Jeannine Carriere, M.S.W., R.S.W. of Carriere Consulting has many years of experience with Aboriginal organizations and government departments of social services, health and education. Jeannine met with a number of Aboriginal individuals and groups, and has assisted the consultants in ensuring that this report accurately reflects the points of view of Aboriginal people she spoke with about caseload growth.

In particular, we would like to thank:

- *Theresa Bendall*, Library Administrator, Information and Dissemination Unit and her staff, whose interest in the project and perseverance at finding needed material has been, as always, outstanding.
- *Ken Phillips*, Director, Information Management and Analysis; Children's Services whose expertise with the child welfare data was critical throughout the life of the project.

Our thanks as well to:

- *Merrilyn Greig*, Information Analyst; Children's Services
- *Donna Lehman*, Human Resources Program Coordinator, Human Resources and Employment
- *John Kovacs*, Human Resources Information Systems Coordinator, Human Resources and Employment
- *Bryan Kelly*, Regional Manager, Ma'Mowe Capital Region

All of these people have given generously of their time and expertise, in support of our goal of producing an accurate picture of child welfare in Alberta.
Many people sent us material, shared their experience and ideas, and supported the work of the project by their interest and enthusiasm. Especially, we would also like to thank and congratulate the many

front-line staff who shared ideas with us in meetings, focus groups, telephone conversations and by completing the survey instrument. The dedication and commitment of staff and supervisors to the well being of vulnerable children and their families is Children's Services most valuable resource.

Limitations of the study:

- Short time frame given the complexity of the study.
- Limited responses to the surveys.
- Unavailability of longitudinal data from CWIS.
- Lack of child-centered mandatory fields in CWIS, e.g., specific diagnosis, nature of permanency plan.
- Available human resource data does not facilitate child-centered analysis.

D. Survey Results

1. Front-line Staff

As outlined in the Methodology section, a questionnaire survey was distributed to all front-line staff in CFSAs and First Nations Agencies. Of the 270 respondents, 75% identified themselves as front-line workers. The remaining 25% were supervisors, worksite managers, or had other responsibilities. Of the total sample of front-line staff, supervisors and managers, 67% had BSW or MSW degrees, 11% had Community College Diplomas, and the remainder had other backgrounds, or did not respond to the question. Refer to Appendix H for the full results of the survey.

Respondents identified four major factors that had, in their experience, influenced caseload growth:

- nature of difficulties of children and families requiring child protective service;
- families with inadequate income;
- turnover of child welfare staff; and
- welfare reforms since 1993.

Other factors identified by more than half of the respondents as causing significant growth were "availability of permanency planning alternatives for children", and "financial restraints of the agency".

Presumably the fact that a relatively high number of degreed social workers chose to respond to this survey is a factor in the very strong and consistent response to the open-ended question regarding the issue of "appropriate educational preparation for work in child welfare". All but a very few respondents supported the need for the BSW degree. Many mentioned the importance of supplementary job training, and most also recognized the value of both work and life experience.

An additional open-ended question asked respondents for further comments. The dominant themes from those comments are listed below. Additional responses to open ended questions are cited at various relevant places throughout the report.

- *Caseloads are far too high, which results in insufficient opportunity to form relationships with children, and to do effective permanency planning.*
- *Staff are often so busy "putting out fires" that they have little opportunity to help families with basic problems that brought them in to the system.*

- *Shortage of qualified staff – an overwhelming majority of respondents stated that BSW should be the minimum qualification.*
- *Staff retention is a major issue – children are staying in the system because of constant influx of new and inexperienced staff.*
- *The Trainee Program has been well received. More continuing education opportunities would be welcome.*
- *Staff do not feel supported and appreciated by the system, resulting in poor morale.*
- *Little or no access to high quality clinical supervision.*
- *Resource issues affect planning – specifically children's mental health treatment, high quality family support services, resources for special needs children.*
- *Low SFI rate is often the extra stressor contributing to family problems.*

2. Chief Executive Officers

A common experience is that inexperienced staff are more likely to bring children into care and are less likely to effect timely discharges from care.

Almost without exception these respondents identified "welfare reforms" as a major contributor to caseload growth. Their experience was that these reforms impacted families who were already disadvantaged, causing additional children to be in need of child protection intervention. Barriers to permanency planning were cited as a problem in several regions. These barriers include large individual caseloads and difficulty finding permanent homes for First Nation and Metis children, and have resulted in a 'bottleneck' of adoptable children. Recruitment and retention of staff are very significant issues, particularly in rural areas, and connections are made to poor practice when that is the case. Staff are frequently lost to other employers who pay more and work settings where there is less stress. A common experience is that inexperienced staff are more likely to bring children into care and are less likely to effect timely discharges from care. Several respondents mentioned restricted mandates of Health, Mental Heath, Education and SFI as problems in good planning for children and families.

3. Other Provinces and Territories

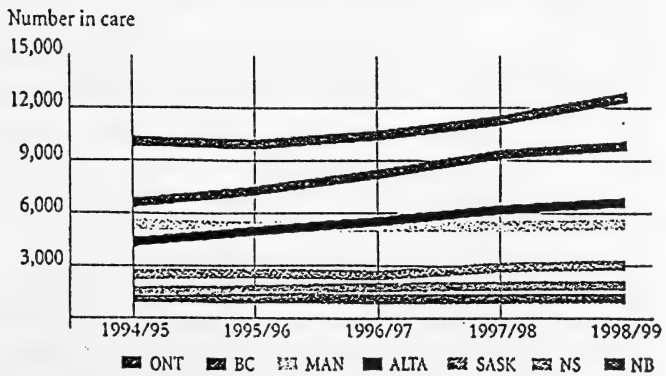
It is always tempting to compare the experience in Alberta with the experience in other provinces or territories. In fact, the 'Federal-Provincial Working Group on Child and Family Services Information' prepared a Child and Family Services Statistical Report (1994-95 to 1996-97). However, a caution is that statistics presented in that document are extracted from data systems developed to meet the administrative and case management needs of their respective

jurisdictions and should not be compared across jurisdictions. Direct comparisons are problematic for a variety or reasons:

- each province and territory has its own unique legislation,
- data is collected differently and at different times,
- varying definitions are used,
- the age of the child served varies,
- some count families while others count individual children,
- different programs are included or excluded in the caseload count, and
- jurisdictions often change the way in which data is collected, making it difficult to compare data from year to year within a province.

Some child welfare experts (particularly in the U.S.) suggest that escalating numbers of reports represent increased surveillance rather than a rise in actual incidence (Pelton 1989). In Canada, a variety of factors are usually identified. Heightened awareness of child protection issues, for example, following the death of a child in care or as a result of increased publicity has been identified by several provinces. New initiatives are also highlighted as factors in caseload growth, for example, implementation of risk management systems across the country, new legislation, and new ways of delivering service in a variety of locales.

Children and Youth in Care, by Selected Provinces*
1994/95 to 1998/99



* Comparisons among provinces are not possible due to differences in data collection and definitions of "children in care".

Sources: CCSD, Survey of Canadian Child Welfare Departments, September-October 1999; Federal-Provincial Working Group on Child and Family Services Information, Child and Family Services Statistical Report 1994/95 to 1996/97, February 1998; British Columbia Ministry for Children and Families, Annual Report, 1996/96 and 1997/98; Manitoba Family Services, Annual Report, 1997/1998; New Brunswick Health and Community Services, Annual Report, 1997/98.

Some provinces have noted an increase in caseload over the last decade. Several provinces have experienced very little caseload growth, and during some periods of this review, caseloads have actually decreased in some provinces. Saskatchewan, for example, reported a decrease in caseload following the introduction of a new case management system. The chart on the previous page shows the growth of children 'in care' in seven provinces.

Even taking into consideration the varied ways of measuring, it appears that apart from the Northwest Territories, no province or territory has experienced the escalating rate of caseload growth that has happened in Alberta (Child and Family Services Statistical Report (1994-95 to 1996-97, Provincial and Territorial Surveys, CCSD, 2000).

Nevertheless, staff turnover is an issue in most provinces, but none seemed to have experienced the rate of turnover that has taken place in Alberta during the period of this review.

Both turnover of staff and level of service are defined differently in each of the provinces so comparisons are difficult. Nevertheless, staff turnover is an issue in most provinces, but none seemed to have experienced the rate of turnover that has taken place in Alberta during the period of this review. In addition, some provinces have increased the number of child protection workers, particularly between 1994 and 1998. In BC for example, the staff grew by 107% in this period (CCSD, 2000).

In all provinces and territories that responded to this survey, a BSW is required to do child protection work. Alberta is the only province in Canada that accepts qualifications less than a BSW as the entry point for work in child protection. In some provinces, child welfare social workers must also be members of the provincial professional association.

In all provinces and territories that responded to this survey, a BSW is required to do child protection work. Alberta is the only province in Canada that accepts qualifications less than a BSW as the entry point for work in child protection.

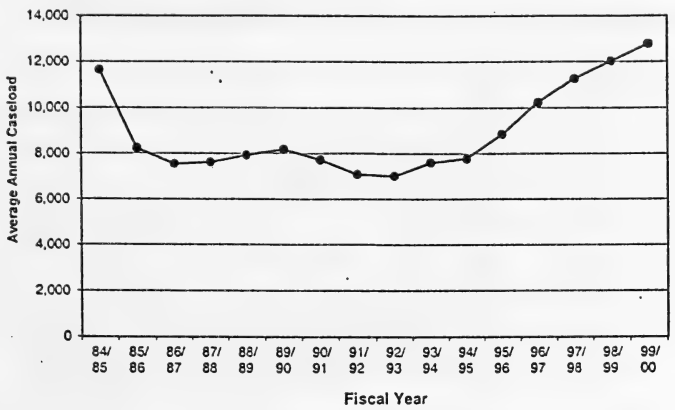
Salaries are determined differently in each province. Some have a Social Work series and remunerate staff according to education and experience (Alberta), others base salaries on the work performed (Saskatchewan) and yet others pay according to a combination of education, experience and the program being delivered (British Columbia).

Salaries in six other provinces and territories (British Columbia, Northwest Territories, Saskatchewan, Ontario, New Brunswick and Nova Scotia) have been obtained from the Ministry, web-sites or local papers. It is clear that Alberta's salaries (even with the salary changes and acting modifiers) are significantly lower. Not only do Alberta salaries start at a lower rate, the range is much lower. Most of the salaries reviewed have a maximum range in excess of $50,000 (Appendix J). Casework Supervisor salaries (both starting salaries and range) in Alberta are also significantly lower than all jurisdictions reviewed.

E. CHILD WELFARE IN ALBERTA

The following data was obtained from the Child Welfare Information System (CWIS) database and Annual Reports. The first section describes changes in Alberta's child welfare caseload.[1] The second section gives a snapshot of Alberta's child welfare caseload as of March 2000.

Average Caseload 1984/85 to 1999/00



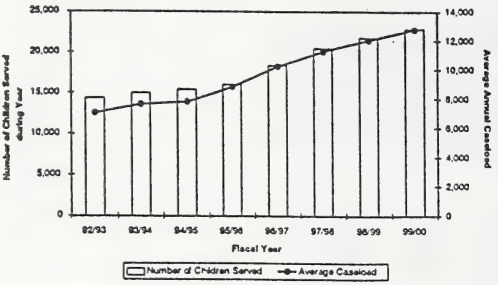
Caseload count has been adjusted to exclude JDA, HCS.

From 1992/93 to 1999/00 (the period under review), the average annual caseload grew by 82% to 12,783. However, the reality is that for decades, the caseload had been growing and peaked at 18,574 cases* in December 1982 (Alberta Social Services, 1986). In anticipation of the Child Welfare Act (1985) and resultant change in philosophy regarding the delivery of child welfare services, the provincial caseload subsequently decreased significantly. There was a relatively stable period from 1985/86 to 1994/95 followed by tremendous growth.

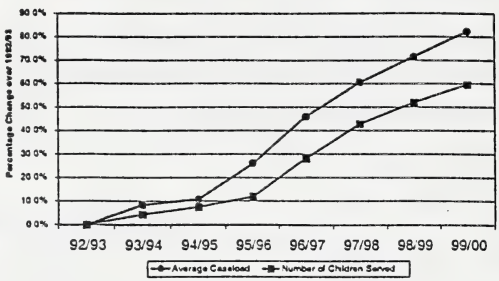
*Note: Data regarding children with status under the Juvenile Delinquents Act (JDA) and Handicapped Children Services (HCS) are included in the 18,574 figure, however, these numbers do not explain the magnitude of the caseload at the time.

[1] Comparing caseloads over time must be done with some caution due to implementation of a new information system, changes in the way caseloads are counted, and the different legal requirements with respect to the opening of a case, particularly before and after 1985. Nevertheless, the historical information available is valuable in determining trends.

Comparison of Average Annual Caseload to Number of Children Served in the Year



Comparison of Average Caseloads to Number of Children Served in the Year



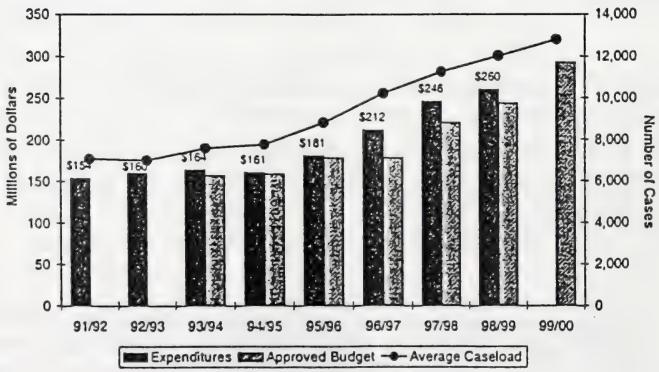
There are different ways to count caseload growth:

1. Number of children served (records opened during the year) – The number of *children served* in a year equals the number of cases open at the beginning of the year plus the number of new cases open during the year.
2. *Average yearly caseload* is the average of the twelve official monthly caseloads. The monthly average caseload is the number of cases open at the start of the month, plus the cases opened during that month minus the cases closed during that month.

Using caseload figures is like using a monthly balance sheet averaged at the end of the year, it tells you what you are left with, but does not give you a clear idea of what you dealt with through the year.

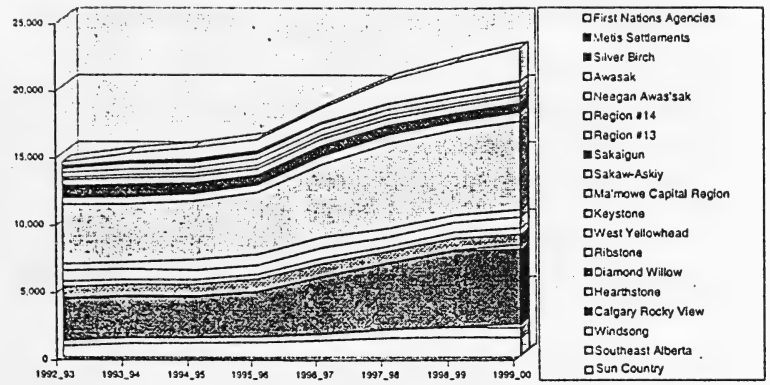
Since 1992/93, the number of children served grew by 60% to a total of 22,905 in 1999/00. Using average annual caseload figures, the caseload grew by 82% to an average of 12,783 cases in 1999/00. **It is apparent that both methods produce similar results, however, reference will be made to number of children served throughout this document.**

Average Annual Caseload vs Actual Expenditures & Approved Budgets



Child welfare expenditures have been very congruent with caseload growth. From 1992/93 to 1999/00 expenditures grew 83% to an estimated $293 million. (The actual expenditures for the 1999/00 fiscal year were not available during the period of this review.) Although the actual expenditures were congruent with the caseload growth, budgets approved prior to the fiscal year were consistently less than what was required, necessitating the need for additional funding. This data suggests that the child welfare system is continually under funded.

Case Distribution by Regional Authority and First Nations



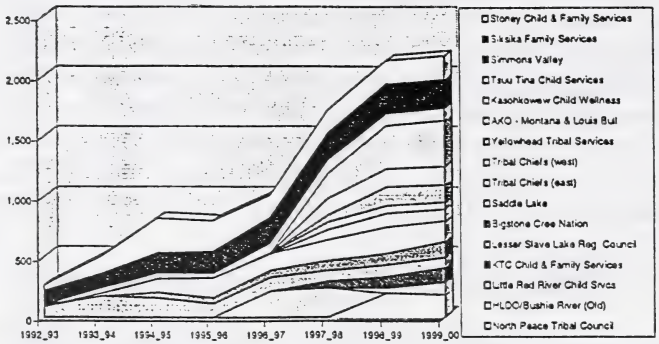
Using a technique called 'worksite mapping' all child welfare records have been assigned according to the boundaries of the existing Regional Authorities and First Nations agencies.[2] This mapping technique made a seven year trend analysis possible. The following process was followed:

- Current worksites were assigned to a Regional Authority.
- Records of children served by those worksites were assigned to the Regional Authority from which the worksite fits or the appropriate First Nation agency.

Although some growth was seen from 1992/93, it is apparent that the jump in caseload growth began in 1995/96 and continues. The most significant growth (14%) occurred between 1995/96 and 1996/97 and although the number of cases continues to grow, the rate of growth from the previous year has decreased each year to a low of 5% in 1999/00.

[2] The creation of new worksites and/or changes in boundaries has resulted in some inaccuracies in the data at the regional level.

Case Distribution by First Nations Agencies

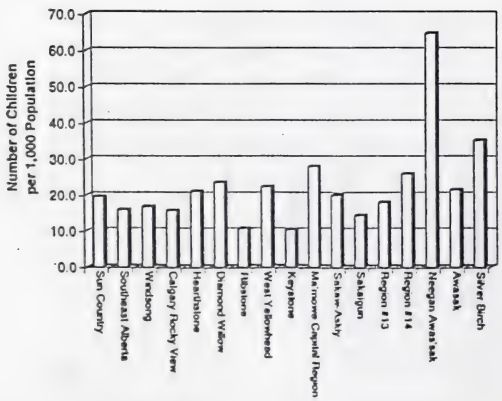


Eleven per cent of all child welfare cases are delivered by First Nations agencies. Due to the availability of information at the time that this study was taking place, the 1999-2000 figures for individual First Nations agencies are missing one month's data. Since 1992/93, the cases delivered by First Nations have increased by 803%. It is not known how many of these cases are actually new to the system or how many have been transferred as a result of agreements being signed with First Nations.

Many of the child welfare agreements signed by the First Nations agencies were implemented after 1995/96, so information on caseload growth over the same seven-year period is not available. Several First Nations have signed agreements during 1996/97. Nevertheless, patterns of caseload growth are evident for First Nation agencies in operation over time. Since their first full year in operation in 1993/94, Bigstone Cree increased by 169%, Stoney Child and Family Services experienced a 37% increase, and Siksika Family Services, 98%. Over five years, from 1994/95, Bigstone Cree increased by 169% and Tsuu Tina Child Services by 131%.

Prevalence Rates

1996 Census & 1996/97 CWIS



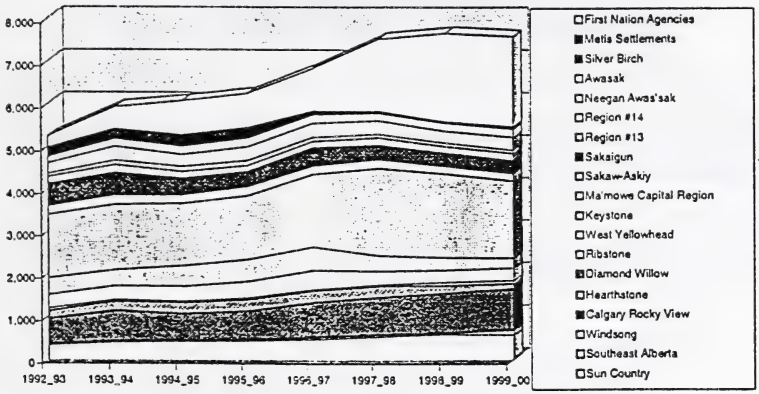
Only children with the following Legal Authorities are included

Code	Description
002	Emergency Apprehension
003	Apprehension Order
004	Support Agreement with Guardian
005	Support Agreement with Child
006	Supervision Order
007	Order to Extend Custody, T.G.O. to 3Years
008	Custody Agreement with Guardian
009	Custody Agreement with Child
010	Temporary Guardianship Order
011	Interim Custody Order
012	Permanent Guardianship Agreement
013	Permanent Guardianship Order
014	Extended Care and Maintenance Agreement

Using data from the 1996 Census and the 1996/97 Child Welfare Information System, child welfare prevalence ranges from a low of 10 cases per 1000 population in Ribstone and Keystone Regional Authorities to a high of 64 per 1000 cases in Neegan Awas'sak Regional Authority. The child welfare prevalence rate for all Regional Authorities is 20.4 cases per 1000. Because of the difficulty in obtaining accurate population numbers on reserves, prevalence for First Nations agencies were not determined.

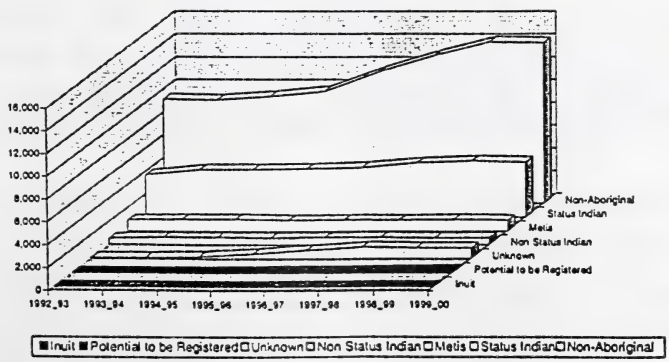
Note: Prevalence rates presented include only children with a legal authority and do not include children under assessment.

Aboriginal Children Served
Distribution by Regional Authority and Delegated First Nations



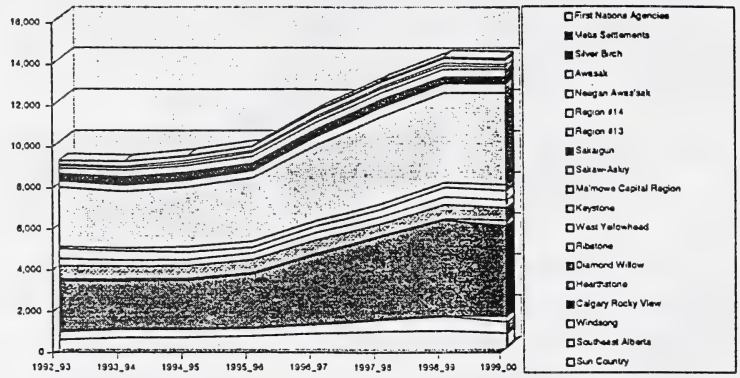
Aboriginal children represent 38% of the child welfare caseload. First Nations agencies deliver child welfare services to 10% of all children in the province, however 97% of their services are to Aboriginal children. Some CFSAs, in addition to the Metis Settlements (90%), also have a significant proportion of Aboriginal children on their caseload, for example, Neegan Awas'sak (73%), Silver Birch (70%), Awasak (48%), Sakaigun (47%) Sun Country and Keystone (45%).

Aboriginal/Non-Aboriginal Children Served by Year



The marked increase in non-Aboriginal children receiving services is obvious.

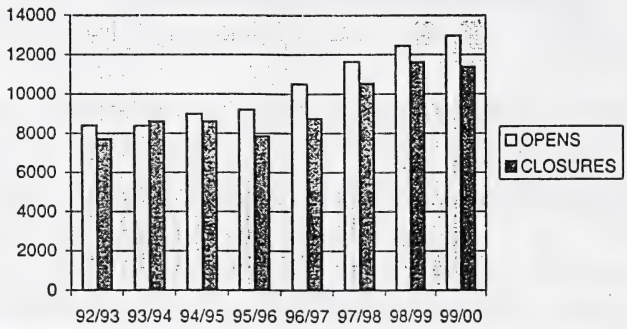
Non-Aboriginal Children Served During Fiscal Year
Distribution by Region



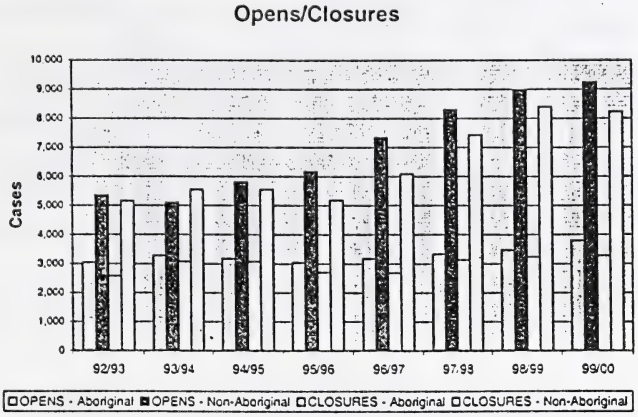
The distribution of non-Aboriginal children receiving services is shown for comparison purposes.

This consistent ratio of more openings than closures is not an indication of cases being kept open for longer

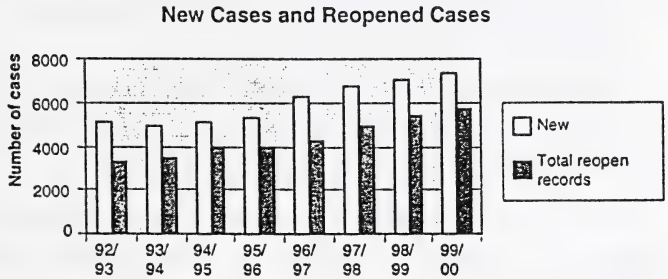
Opens and Closures of Child Welfare Cases for all Children Receiving Services



Except for the year 1993/94, consistently more cases have been opened than closed. In 1996/97 for example, 20% more cases were opened than closed. This consistent ratio of more openings than closures is not an indication of cases being kept open for longer periods of time, but rather an indication of increased volume.



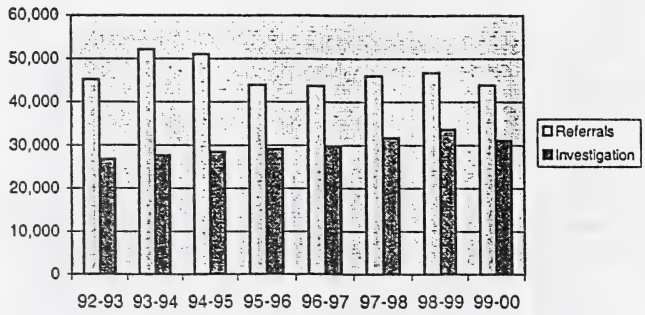
The relationship of opened and closed cases varies for Aboriginal and non-Aboriginal children. The percentage of increase for opened cases for Aboriginal children, for the period from 1992/93 to 1999/00 was 27%. The percentage of increase for closed cases for Aboriginal children during the same period was also 27%. For non-Aboriginal children, the number of cases opened increase by 73% however, the number of closed cases increased by 59% over the same time period.



Records that are opened are cases that are either *opened for the first* time or cases that have been previously opened and are now being *reopened.* New cases are defined as not having been opened in a previous fiscal year while reopens are defined as having been opened in a previous fiscal year. In the figure above, a case is counted each time it is open, resulting in more cases opened than actual children served.

For all years there were more new cases opened than cases being reopened. Even though the ratio of opens to reopens remains fairly consistent, the reopens account for a significant proportion of the caseload, and therefore caseload growth. For example, in 1999/2000, reopens represented 44% of the cases being opened, accounting for 6,025 cases that year.

Child Welfare Referrals and Investigations



- In 1993/94, child welfare referrals peaked at 52,140, representing a 15.5% increase over 1992/93.
- Referrals stayed high in 1994/95 and dropped to 43,871 in 1999/00.
- Referrals were highest in 1993/94 and 1994/95, the same period where caseload growth was considered to be 'stable'.
- The highest average number of screenings and investigations occurred in 1993/94 and 1994/95, the period of fiscal restraint in Alberta.
- In 1992/93, 59% of all referrals were investigated. This declined to 53% in 1993/94 and 56% in 1994/95, increasing to 67% in 1995/96 and 71% in 1999/00.
- Overall the numbers of investigations increased only by 11% over the seven-year period as compared to the 60% increase in the number of cases opened.

Although increased referrals were received during the period of fiscal restraint, a reduction occurred in the number resulting in investigations.

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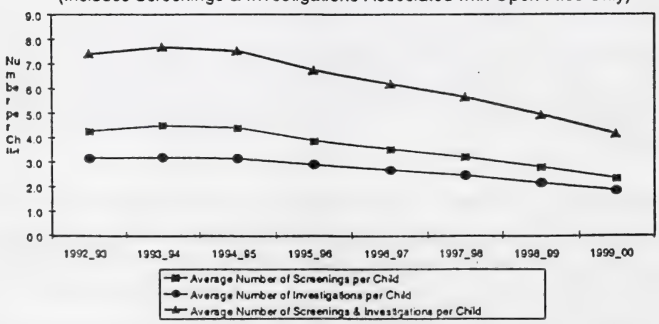
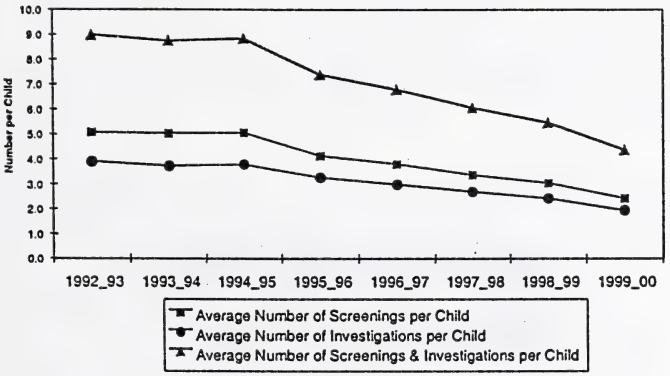
Number of Screenings & Investigations per Child
(Includes Screenings & Investigations Associated with Open Files Only)



All child welfare referrals are screened to determine whether or not an investigation is required. An investigation is the process by which a child is determined to be in need of protective services or not.

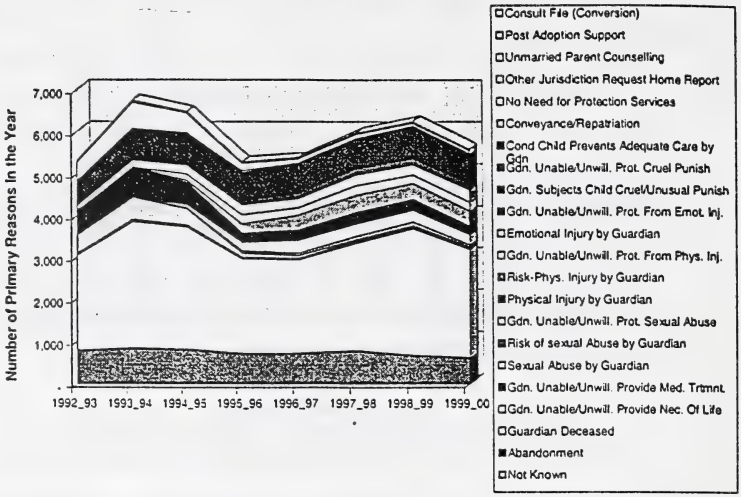
- The average number of *screenings* per child, for whom a file was subsequently opened, declined from 4.3 in 1992/93 to 2.3 in 1999/00.
- The average number of *investigations* per child, for whom a file was subsequently opened, declined from 3.1 to 1.8 over the same period of time.
- Both of these figures indicate a trend of investigating and opening cases sooner now than in earlier years.

Aboriginal Children
Number of Screenings and Investigations per Child
(Includes Screenings and Investigations Associated with open Files Only)

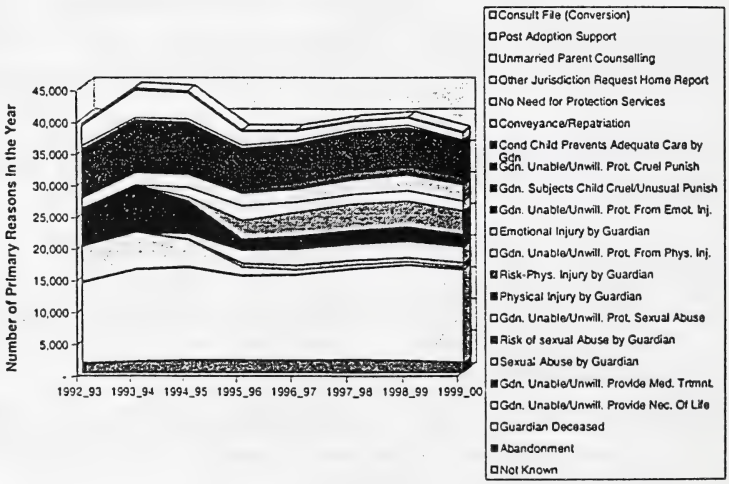


- The average number of *screenings* per Aboriginal child, for whom a file was subsequently opened, declined from 5.1 in 1992/93 to 2.4 in 1999/00.
- The average number of *investigations* per Aboriginal child, for whom a file was subsequently opened, declined from 3.9 to 1.9 over the same period of time.
- *The average number of screenings and investigations per Aboriginal child has declined by over 50% during this time period.*
- By 1999/00, the average number of screenings and investigations per child is similar for Aboriginal and non-Aboriginal children.

Primary Investigation Outcome Aboriginal Children



Primary Investigation Outcome Non-Aboriginal Children



Although there is often more than one investigation outcome for each case investigated, a 'primary investigation outcome' is determined. A shift in investigation outcomes is seen from 1995/96 to 1999/00[3]. For example, a finding of 'Protection needs indicated, but not substantiated' increased by 77% while a finding of 'No need for protective services' declined by 32%. A finding of 'Guardian unable/ unwilling to provide the necessities of life' increased by 44%.

[3] In late 1994, a conversion took place in CWIS. Fifty-seven outcome codes were converted to 19, therefore, comparisons can only go back to 1995/96.

Investigation outcomes suggest that interventions are occurring earlier in 1999/00 than in previous years. For example, from 1995/96, the investigation outcome of 'sexual abuse by guardian' has declined by 56%, and 'risk of sexual abuse by guardian' decreased by 35% while 'guardian unable/unwilling to protect from sexual abuse' increased by 12%.

Legal Status

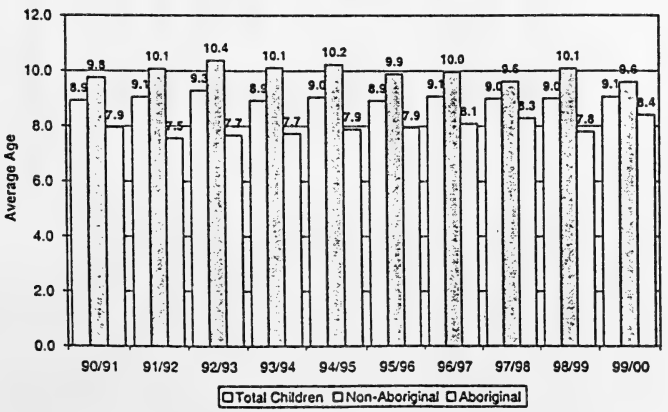
Every child receiving child welfare services requires a legal status, for example, a support agreement or temporary guardianship order. The average number of days of service per child, per agreement or order has generally declined since 1992/93. However, the average number of days of services provided to children have increased for some legal statuses, for example, Order to Extend Custody/TGO to 3 Years (60%), Temporary Guardianship Orders (15%) and Interim Custody Order (11%). These legal authorities require children to be 'in care'. Although the average number of days per child per individual activity declined, the average number of days required to obtain the order generally increased, requiring more administrative time from the social worker.

Each Temporary Guardianship Order was granted for an average period of 4 months in 1999/00 as compared to 3.5 months in 1992/93. Duration of Support Agreements decreased by 20% over the 7 years.

Permanent Guardianship Order

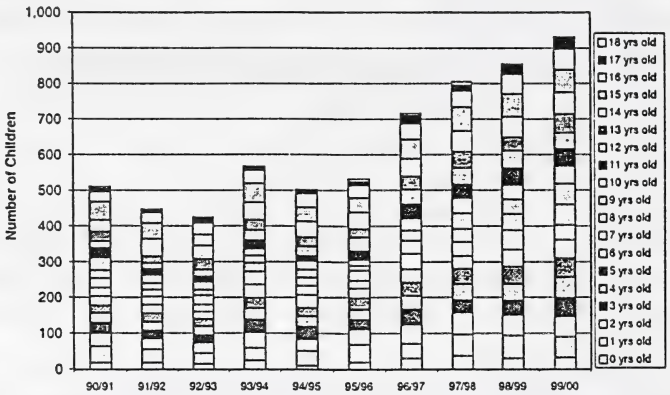
As of March 2000, 60% of those children living in out-of-home placements are under PGO as compared to 53% in March 1993. The number of children under Permanent Guardianship Orders (PGO) has increased by 82% since 1993.

Average Age of Child When PGO was Granted

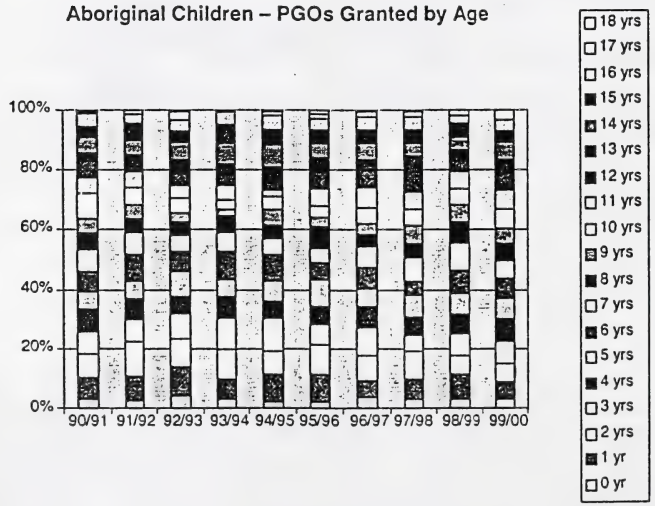


Currently, a Permanent Guardianship Order is granted on behalf of children with an average age of 9.1years. This age has remained relatively constant over the last ten years. The average age that a PGO is granted on behalf of an Aboriginal child is less than it is for Non-Aboriginal children, but as of 1999-2000, the gap is narrowing. ***These children will spend an average of 9 years 'in care' if a permanent placement is not found.***

Number of PGOs Granted
by Fiscal Year and Age of Child

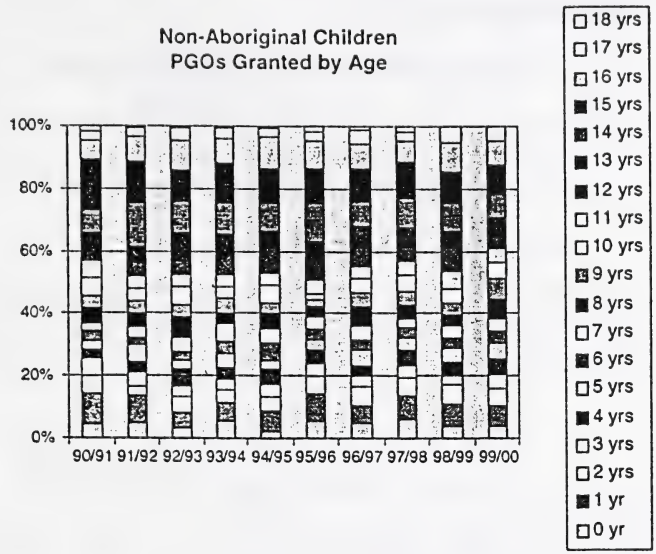


Aboriginal Children – PGOs Granted by Age

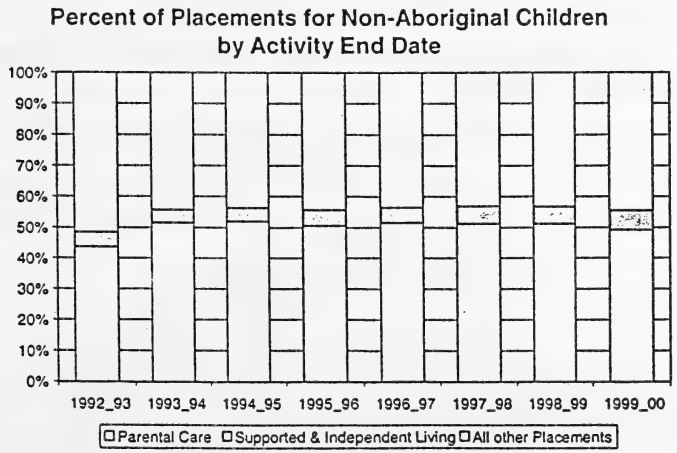


From 1992/93 to 1999/00, PGOs granted on behalf of Aboriginal children increased by 74%. However, the biggest increase occurred for children over the age of 11 years. For example, PGOs granted on behalf of children 13 years of age increased by 186% and by 500% for those Aboriginal youth who were 17 years old. In earlier years, PGOs were generally granted on behalf of Aboriginal children at a very

young age. In the last few years, they seem to be granted more consistently for all ages.

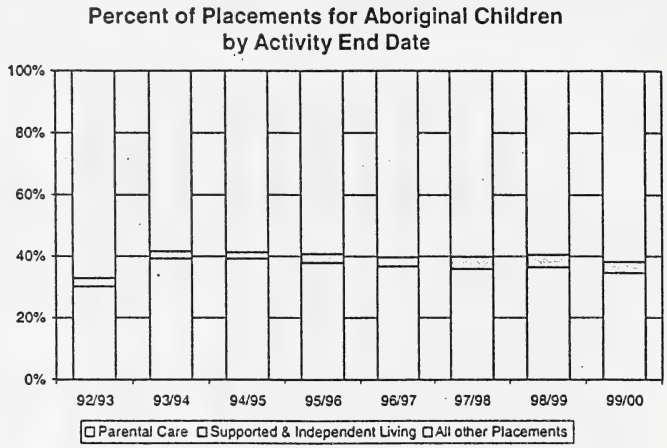


From 1992/93 to 1999/00, PGOs granted on behalf of non-Aboriginal children increased by 89%. However, the biggest increase occurred for children 12 years of age (300%). Other groups experiencing a significant increase are children aged 4 (213%), 5 (271%), 7 (200%), 9 years old (227%).



Overall placement activity increased by 59% from 1992/93 to 1999/00. Of all the placements (14, 090) made in 1992/93, 38% of all children remained or were placed with parents, 58% were in an out-of-home placement and 4% were living on their own in a supported or independent living (SIL).

Of all the placements (22,339) made in 1999/00, 44% of all children remained or were placed with parents, 51% were in an out-of-home placement and 5% were living on their own in a supported or independent living.

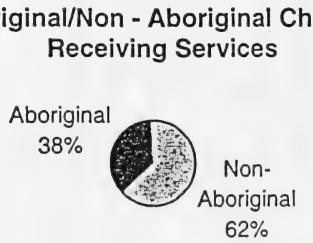


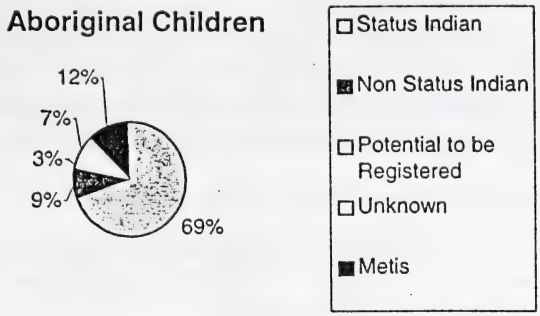
Properties of the Child Welfare Caseload – March 2000

Note: 'In care' refers to the children under the care of a Director of Child Welfare and, with a few exceptions, living in out-of-home placements.

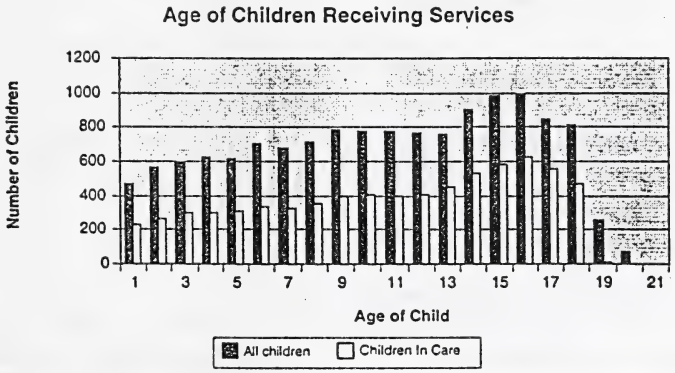
Who are the children?

As of March 2000, 13,695 children were in receipt of child welfare services. There is a fairly even distribution between male and female (51% male). Aboriginal children represented 38% of the total child welfare caseload.



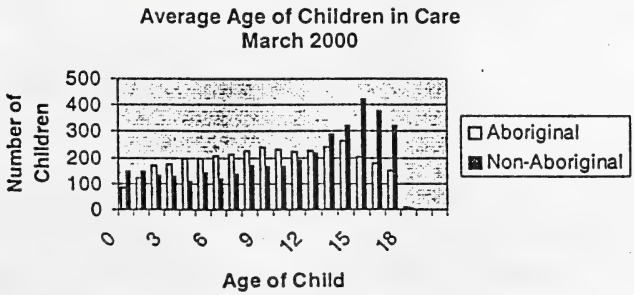


The majority of Aboriginal[4] children receiving services are Status Indians. Metis children represent 12% of all Aboriginal children served, but we have been told that this number does not reflect the actual number of Metis children receiving services.



Children under the age of 6 years account for 31% of the caseload, while children age 12 and over, represent 41%. ***Youth, 14 and 15 years of age represent the largest group receiving services.***

For those children 'in care', 44% are over the age of 12. All, but a few, are in out-of-home placements.



[4] Inuit children represent 0.3% of Aboriginal children receiving services, but are not shown.

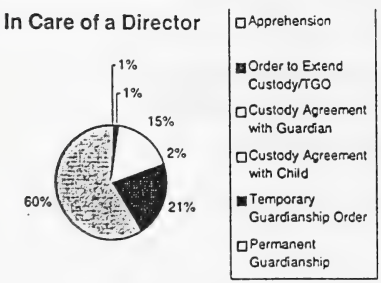
By age two, more Aboriginal children are in care than non-Aboriginal children. This is very significant, given that 38% of the caseload is made up of Aboriginal children. By age 13, there are more non-Aboriginal youth than Aboriginal youth in care. After age 14, the number of Aboriginal youth in care declines sharply. After age 11, the number of non-Aboriginal children increases and peaks at age 15.

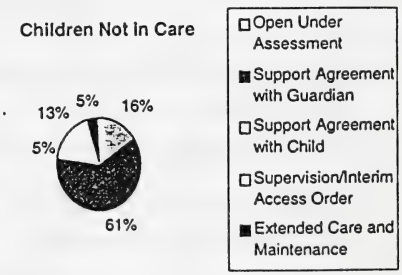
What is their legal status?

Over half of all children receiving services are under the custody or guardianship of a director of Child Welfare. Of those children, 60% are in the permanent care of the state.

Not in Care	
Open Under Assessment	1,038
Support Agreement with Guardian	3,913
Support Agreement with Child	337
Supervision/Interim Access Order	852
Extended Care and Maintenance	309
Total not in Care	**6,449**

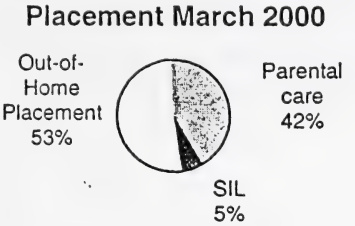
In Care of a Director	
Apprehension	82
Order to Extend Custody/TGO to 3 Years	96
Custody Agreement with Guardian	986
Custody Agreement with Child	149
Temporary Guardianship Order	1,416
Permanent Guardianship Order/Agreement	3,920
Total in Care	**7,246**
Total Children Receiving Services	**13,695**

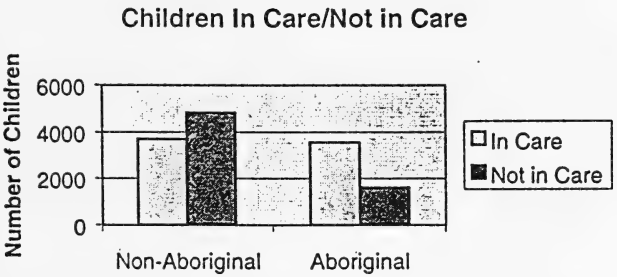




Where are they?

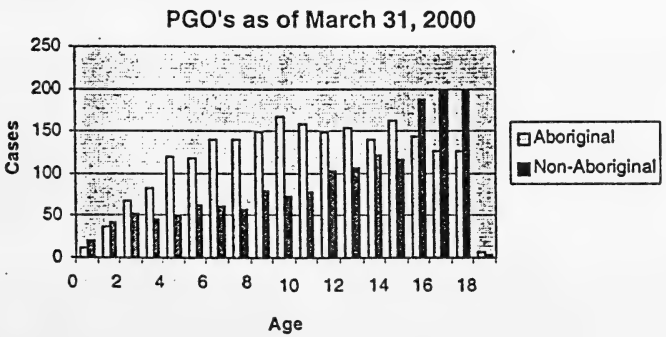
At March 2000, 5606 children were receiving child protection services while living with their families. An additional 731 youth, ages 16 and 17, were living in a supported independent or independent living arrangement. The remaining 53% are in out-of-home placements.





Of all Aboriginal children receiving services, 69% are receiving 'in care' services as compared to 43% of non-Aboriginal children.

Who are the children under the permanent care of a director?



As of March 2000, a Director of Child Welfare is the permanent legal guardian for 60% (3,920) of those children living in out-of-home placements. In 1999/00, the average age a child for whom a PGO is granted is 9.1 years.

F. Factors Contributing to Caseload Growth

Five themes emerged in the early part of this study as the result of the literature review, early consultation with a variety of stakeholders, and examination of existing documentation. The themes identified in this report are congruent with those found in the literature, and as the study evolved it became apparent that factors contributing to caseload growth fit into one or more of these themes. The five themes have therefore been used as headings for the major body of the paper.

1. **Socio-economic Factors**
2. **Organizational Factors**
3. **Human Resource Factors**
4. **Complexity of Practice**
5. **Move to Community Based Services**

The first four factors are significant in terms of their effect on caseload growth. The fifth factor, the move to community-based services, was in its early stages during the period of significant growth in the child welfare caseload. In some areas this transition has had an effect on caseload growth, however it is too early to determine its eventual effect.

These factors are all part of the complex explanation for caseload growth, and they are interwoven in some obvious and some less obvious ways. As each of the identified broad themes is examined and interrelationships explained, there is inevitable overlap in the discussion. Within each of the five major sections there will be a 'box' containing comments that clarify how the particular factor under discussion actually connects to caseload growth.

As far as possible, recommendations and their accompanying strategies have been included in the section where they are most congruent. However, there is inevitable overlap because of the interrelationship of both the factors and the recommendations. A complete list of recommendations and strategies can be found at the end of this document.

It is the understanding of the interrelationship of all these factors that explains the caseload growth phenomena and informs practical and achievable strategies for improving services for children and families.

1. Socio-economic Factors

Child abuse and neglect have always been concentrated in areas of greatest poverty, and family income is still the best predictor of the removal of a child from the home by a social worker.

Fein and Maluccio 1992

Socio-economic factors such as population growth (including migration), government fiscal restraint, and poverty have the potential to effect child welfare caseload growth. The child welfare literature; the experience of child welfare staff; and even a cursory look at the characteristics of child protection caseloads indicate that poverty is a constant and universal variable in child protection work. All children growing up in poor families are not at risk, but children who are known to the child protection system are overwhelmingly from poor families (Tracy and Pine, 2000; Steinhauer, 1991; Pelton, 1994). It is beyond the scope of this report to explore in depth the issue of child poverty in Alberta, but suffice it to say that poverty must be considered a major factor in any discussion of caseload growth. Child abuse and neglect have always been concentrated in areas of greatest poverty, and family income is still the best predictor of the removal of a child from the home by a social worker (Fein and Maluccio 1992). Although most poor people do not abuse or neglect their children, poverty of the kind experienced by many 'child welfare families' is a stress factor of major proportions.

Connecting Socio-economic Issues and Caseload Growth

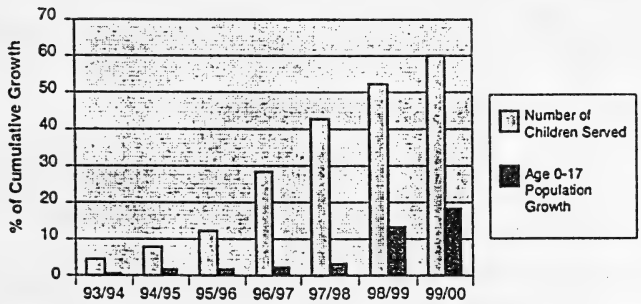
- The data suggests that the 'period of child welfare caseload stability' for the fiscal years 1993/94 and 1994/95 is artificial. Caseload growth in that period was limited in response to the provincial government fiscal restraint policy. The most marked increase in caseload growth occurred once those restraints were lifted.
- Fiscal restraints affected a range of other organizations that serve children and families, often resulting in these organizations narrowing their mandates. A significant increase in referrals to the child welfare system was noted during this same period.
- Poverty is a universal variable among all but a very few families receiving services from the child welfare system. Being poor is a stress factor in itself, and issues about housing, unemployment, transportation, and health frequently reinforce that stress. Poor children are significantly more likely to have contact with children's services.
- Narrowed eligibility for welfare and reductions of payments to parents of dependent children have made it increasingly difficult for some families to manage, resulting in referrals to child welfare. While not all of these referrals result in case opening, significant worker time is often required to advocate for these families to ensure that the basic needs (food and shelter) of their children are being met, thus avoiding the need to open a child welfare file. In many instances, child welfare funds are used to meet the immediate needs of these children, thus preventing apprehension.
- Although a factor in recent years, the 6% increase in child population over the last nine years does not account for the significant caseload growth experienced in Alberta. In some areas of the province, however, increased population, including migration has impacted caseload growth.

- The prevalence rate of children receiving protective services increases with:
  - a decrease in average household income;
  - an increase in lone-parent families; and/or
  - an increase in the Aboriginal population.
- Alberta's welfare rate for a single mother with one child is now the lowest in Canada. Families on welfare in Alberta do not benefit from the increase in the Canada Child Tax Benefit because these funds are clawed back from their welfare cheque.

Population

The population data used for this project comes from the 1991, 1996 and 2000 (projected) Census, Statistics Canada.[5] Population growth is based on the natural increase (births – deaths) and net migration (net international migration + net inter - provincial migration). Statistics Canada projects Alberta's population at 2,989,999 as of July 2000. Of those Albertans, 764,342 are between the ages of 0-17years. Using postcensal estimates[6] (often referred to as adjusted population figures) only a 6% increase is projected for the 0–17 age group from 1991 to 2000. The graph on the following page shows that the population growth for children in Alberta was only growing slightly during the time of marked caseload growth.

Percentage of Population Growth and Children Served



Note: Postcensal data used.

[5] The authors are aware that in determining the Children's Services Funding Allocation Model, the Ministry indexed the 1996 census data using more current administrative data sources (Taxfiler and Alberta Health Care Insurance Program data). For this project, the Census data was chosen as it allows for presentation of a consistent data collection methodology for the years covered in this report. It also facilitated an examination of the impact of migration on Alberta's population.

[6] Postcensal estimates are obtained by the component method, using the most recent census of population (SDDS ID 3901) adjusted to July 1 and for net census undercount as the base population (Statistics Canada).

Aboriginal Population[7]

- In 1996, Aboriginal peoples represented 6% of Alberta's population.
- Registered Indians represented 71% of Alberta's Aboriginal population, Metis represented 28% and Inuit represented 1%.
- 48% of Aboriginal peoples live in Alberta's cities.
- 63% of Alberta's First Nations population lives on-reserve.
- Aboriginal population is younger than the non-Aboriginal population. For example, in 1996, 47% of First Nations peoples were 19 years of age and under.

Migration

Migration has played a strong role in the increase in Alberta's population. For example, in 1997-98, Alberta experienced a net population increase of 69,679. Migration to Alberta accounted for 71% of the population growth for this year. In addition, 73,357 people moved intra-provincially. [Source: Statistics Canada Catalogue no. 91-213.]

Although a factor in recent years, the 6% increase in child population over the last nine years does not account for the significant caseload growth experienced in Alberta.

Inter-provincial migration of *children to Alberta* was examined for the 1991 and 1996 census years. In 1991, 18,515 children, 19 years of age and younger migrated to Alberta. This number decreased by 21% in 1996. In 1991, 78% of the children came from the provinces of Ontario (26%), Saskatchewan (24%) and British Columbia (28%). Although a high percent of children continued to come from these three provinces in 1996, 34% arrived from British Columbia alone. [Source: Statistics Canada, 1996 Census, Nation Series CD-ROM.]

How does this relate to the caseload growth?

- Although a factor in recent years, the 6% increase in *child population* over the last nine years does not account for the significant caseload growth experienced in Alberta.
- Regional growth has varied. Although the province experienced a 6% increase in *total population* increase from 1991 to 1996, Athabasca increased by 18%, Grande Prairie by 10% and Brooks by 7%. Caseloads in corresponding CFSAs have also seen a significant increase. On the other hand, population in Wood Buffalo region (includes Ft. McMurray) and Vermillion decreased by 4%, but the caseloads in those regions increased.

[7] Source: Statistics Canada, 1996 Census of Canada, Alberta International and Intergovernmental Relations and Indian Register, DIAND, Aboriginal Affairs, April 1997.

- From 1992/93 to 1998/99, Calgary Rocky View experienced an 82% growth in child welfare records as compared to a projected 26% increase in population from 1991-2000. Ma'Mowe experienced a 44% increase during the same time period, while the population increased 11% from 1991-2000. Fifty five percent of all child welfare records come from these two Regional Authorities.
- Migration has notably influenced population growth in Alberta. Migration to Alberta accounted for 71% of the population growth for 1997-98.
- Migration patterns for Aboriginal people have also been noted especially in child welfare services where many Aboriginal families appear to be relocating to Calgary or Edmonton from other western provinces.

Years of Fiscal Restraint

Following the 1992 election, all provincial government departments were asked to cut their spending by 20%. Although the final implementation of the budget cuts allowed some variation, all departments had to make substantial cuts. (Christopher, Kneebone, & McKenzie (1997). The average cost per child welfare case remained relatively constant from 1992/93 through to 1994/95 (see table below). In 1995/96, when the child welfare budget increased again, the average cost per case increased by 13% has increased every year since.

Child Welfare Records and Budget 1992/93 – 1999/2000

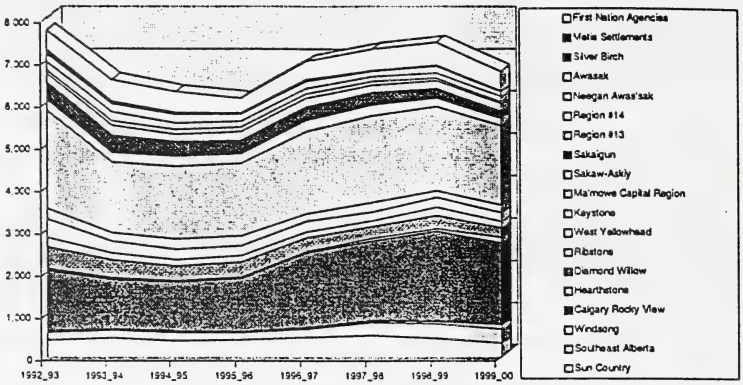
	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00
# of records	14,353	14,999	15,440	16,070	18,386	20,491	21,810	22,902
Increase		646	441	630	2,316	2,105	1,319	1,092
% from previous year		4.5%	2.9%	4%	14.4%	11.5%	6.4%	5%
Expenditures	$160M	$164M	$161M	$181M	$212M	$246M	$260M	$293**
% from previous year		2.5%	(2%)	12.4%	17%	16%	6%	13%
Average cost per case ***	$11,358	$11,313	$11,013	$11,855	$12,204	$13,106	$13,213	$14,292

* Does not including funding received by First Nations agencies.

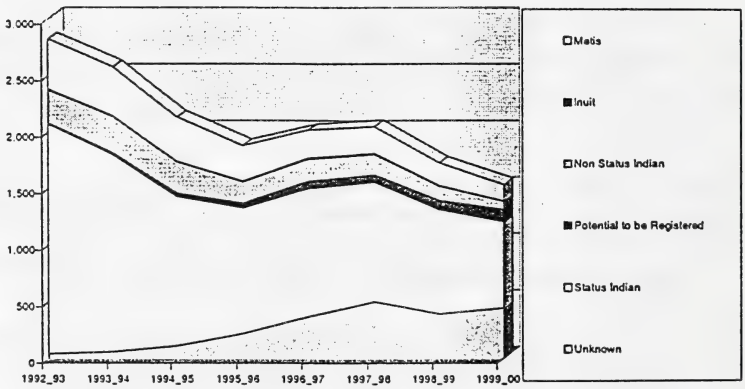
** $293M is the estimated budget for 1999/00.

*** Cases that were managed by First Nations agencies were eliminated from this figure as they were not funded by the Ministry.

Year File Open
Children by Year File First Opened

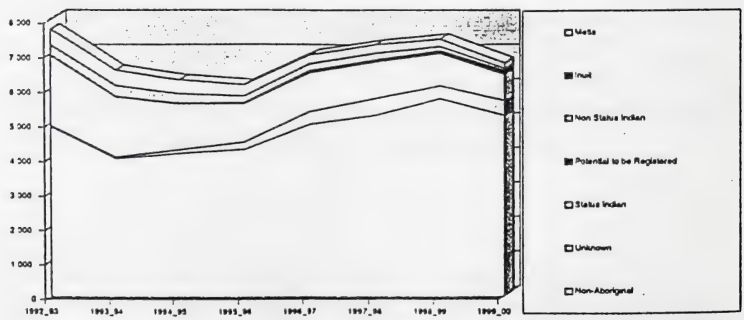


Year File First Opened
Aboriginal Children by Year File First Opened



Note: The figures for 1999/00 only represent 11 months.

Year File First Opened Aboriginal/Non-Aboriginal
Children by Year File First Opened



Data from CWIS shows that a reduced number of cases were being opened during this period of fiscal restraint (1993/94 and 1994/95 fiscal years). The number of *new cases opened*, decreased during the period of fiscal restraint and only began to increase in 1995/96. In 1996/97, the number of cases opened increased by 14.4% over the previous year. This was particularly true for non-Aboriginal children. The number of new cases being opened on behalf of Aboriginal children increased slightly post-fiscal restraint, but since has seen a steady decline.

Referrals were highest in 1993/94 and 1994/95, during the same period where caseload growth was considered to be 'stable'. This increase occurred during the same period when government fiscal restraint was applied. This cannot be attributed to the move to community-based services since this initiative was in its very early stages. Fiscal restraint in other related organizations may have been a factor.

Clearly the fiscal years of 1993/94 to 1994/95 represented a period of artificial stability as a result of government policy of fiscal restraint. When the child welfare budget increased in 1995/96 there was a very significant increase in child welfare caseload growth. Although it is difficult to prove a direct cause and effect relationship between these two events, there is a clear and obvious connection.

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Poverty: The Constant Variable

"Poor children are much more likely to live in a one parent family, reside in an impoverished neighborhood, be at risk of developmental delays and disabilities, experience problems in learning and at school, be exposed to family and community violence, and, in general have access to fewer family and community supports than their better-off counterparts. These are the children and families who are most likely to be served by child welfare agencies." [Tracy and Pine 2000]

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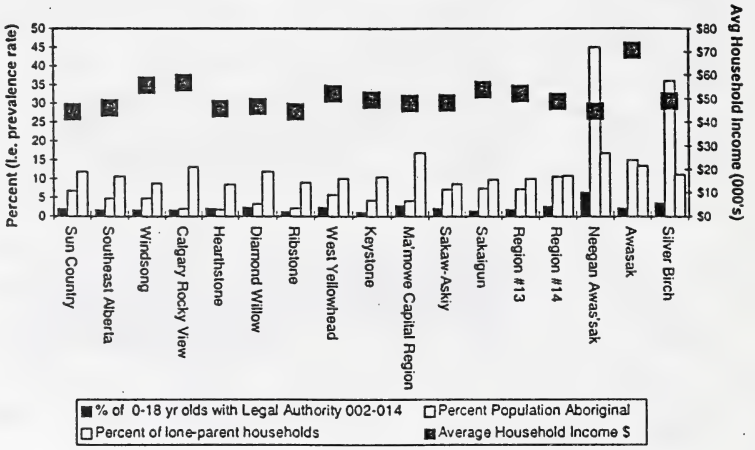
Tracy and Pine 200

Applying statistical analysis (Appendix K), it was found that the prevalence rate of children receiving protective services increased with:

- a decrease in average household income,
- an increase in lone-parent families, and/or
- an increase in the Aboriginal population.

Prevalence Rates
Compared to Lone Parents, Aboriginal and Income



Child welfare officials in Saskatchewan report that a reduction in poverty in their province correlates with the reduction in the number of child protection families. Saskatchewan is the only province cited as having actually improved conditions for poor children, in a review by Campaign 2000.

Children who grow up in such environments are often robbed of any expectation that their life will be any different than that of their parents and grandparents, and life becomes a self-fulfilling prophesy of lack of achievement at school, little opportunity to learn coping skills, marginal employability, and general disempowerment in every aspect of life.

It is important to understand that for many families poverty, unemployment, public assistance, poor housing, and never quite enough of anything, has been a way of life. Senior child welfare workers often reported that they are now seeing a third generation of the same family in the child welfare system. Children who grow up in such environments are often robbed of any expectation that their life will be any different than that of their parents and grandparents, and life becomes a self-fulfilling prophesy of lack of achievement at school, little opportunity to learn coping skills, marginal employability, and general disempowerment in every aspect of life.

One of the skills that is not learned is effective parenting, so the cycle begins again. The probability is then high that another generation will become part of the child welfare system. In relation to the connections between poverty and the risk of maltreatment, Schorr (1988) comments, "*Persistent and concentrated poverty virtually guarantees the presence of a vast collection of risk factors and their continuing destructive impact over time.*"

In some parts of Alberta, *affordable and reasonable housing* is a major problem for people on limited incomes. For First Nations people living on reserve, housing is also an issue as they may have to wait for years for a house of their own. In the meantime, they often live with other families.

For families on welfare, poor housing and exploitive landlords are a particular problem. Damage deposits are only covered by welfare if a person is leaving an abusive relationship. Child welfare intake workers in Calgary report an increase in homeless people. In some smaller centers where new industries have sprung up, families are living in tents and recreational vehicles.

Population health studies continually identify poverty as a major indicator of health. Because the effects of growing up poor seem to persist through a lifetime, it is obvious that poverty is a major barrier to healthy child development and a factor in the number of child welfare families served.

Welfare Reforms

Welfare reforms, initiated in 1993, were often identified as a factor in the child welfare caseload growth. Survey respondents identified welfare reforms as one of the most significant causes of caseload growth. On a scale of 1 (caused caseload to decrease) to 4 (caused significant caseload growth), the average response was 3.3.

A group of mothers in receipt of welfare gave several personal examples to support the relationship between welfare reforms and growth in child welfare. Most people interviewed or who participated in focus groups referenced the welfare reforms as a factor in caseload growth. A CEO commented, "*Welfare reforms, which were introduced in May, 1993, significantly impacted socio-economically disadvantaged families, ultimately causing additional children to be at risk and in need of Child Protection intervention.*"

Because the effects of growing up poor seem to persist through a lifetime, it is obvious that poverty is a major barrier to healthy child development and a factor in the number of child welfare families served.

Welfare reforms took place within the context of the Government of Alberta's program of fiscal restraint. During this same period (1993/94), referrals to child welfare reached an all time high (a 16% increase over the previous year), however, child welfare caseload did not increase in proportion to the number of referrals. Because the reduction of the welfare caseload and welfare benefits occurred at the same time as the fiscal restraint policy was being implemented in the child welfare program, it is not possible to statistically substantiate the impact of the welfare reforms on the growth in child welfare.

Starting in the spring of 1993, a series of structural reforms were implemented transforming the welfare program from a passive program into an active system that promotes training, employment, and self-sufficiency [AFSS Annual Report 1993-94].

Welfare reforms were implemented in two-stages. Making welfare a program of last resort, providing active assistance before providing financial assistance (first stage), and bringing benefit levels in line

with existing low-income wages (second stage) contributed to a nearly 50 percent decline in Alberta's caseload in the subsequent three years.

The C.D. Howe Institute found that Alberta accomplished its first stage primarily by tightening eligibility rather than pushing individuals off assistance. Young, single, employable individuals or childless couples were the people most affected by the changes (Boessenkool, 1997). Implementation of this stage would have limited impact on child welfare caseload growth.

The largest group of people receiving public assistance in Alberta is single mothers of dependent children. The pressure on these women to find work once their babies are six months old suggests that caring for children is under-valued when compared with the ability to be independent of public assistance.

The second stage saw three changes to the Family and Social Services policy: a reduction in the value of benefits available to welfare recipients, a transfer of clients to the Department of Advanced Education and Career Development, and a tightening of the eligibility rules for collecting welfare payments.

Individuals deemed capable of working are eligible for social assistance only if they enter one of a number of pre-employment training programs. A change has also been seen in the eligibility for single parents. Prior to the reforms, employable single parents with children under the age of two years were eligible for assistance without entering a training program. As a result of the reforms, parents of children more than six months old are now required to attend a training program.

The largest group of people receiving public assistance in Alberta is single mothers of dependent children. The pressure on these women to find work once their babies are six months old suggests that caring for children is undervalued when compared with the ability to be independent of public assistance. These are attitudes that reflect our society's collective failure to value our children and to accept, as a community, some responsibility for the well being of all of our children and families.

New data from the National Council of Welfare shows that Alberta's welfare rate for a single mother with one child is now the lowest in Canada. In constant dollars, the amount of welfare a single mom receives dropped by 25.6% from 1986 to 1998.

The level of individual support in Alberta is low compared to most other provinces. The reductions as a result of the welfare reforms did not have an appreciable affect on Alberta's relative standing in Canada between 1992 and 1994, partly because many other provinces reduced their benefits during that period. Prior to the welfare reforms (1992), Alberta ranked seventh for single employables, tenth for single disabled, ninth for a single parent with one child and fifth for a couple with two children. Post welfare reforms (1994), Alberta ranked eighth for single employables, tenth for single disabled, ninth for a single parent with one child and eighth for a couple with two children (National Council of Welfare, Welfare Income 1994.Ottawa: 1995 in Bruce, C.J., Kneebone, R.D, and McKenzie, K. J. (ed.) 1997). New data from the National Council of Welfare shows that Alberta's welfare rate for a single mother with one child is now the lowest in

Canada. In constant dollars, the amount of welfare a single mom receives dropped by 25.6% from 1986 to 1998.

The average monthly cost per welfare case declined from $790 to $723. [Annual Report 1993-94, Alberta Family and Social Services.] In addition to the reduction in monthly rates a significant change in supplementary benefits has been seen (for example, no telephone allowance, children's recreation allowance has been eliminated). Payment of damage deposits has been eliminated, except in cases of spousal abuse.

"*Families on welfare do not benefit from the increase in the Canada Child Tax Benefit launched in 1998. Most provinces claw back the increase in federal funds from families with children on welfare and spend the money on other programs for children. Only two provinces, Newfoundland and New Brunswick, allowed families with children on welfare to keep the money and use it to improve living conditions.*" [National Council of Welfare, 2000]. The SFI financial benefits summary states that the standard allowance given in Alberta assumes that the family receives the maximum national child benefit supplement. In 1998, the estimated welfare income for a single mother with one child received $11,088 annually. That income includes basic social assistance, additional benefits, Federal Child Tax Benefit and Federal GST credit [National Council of Welfare, 2000].

Children in receipt of Child in Need (CIN) Benefits also have their allowance reduced in relation to the increase of the Child Tax Benefit. The CIN program provides financial support to children living with extended family members when the family of origin is unable to care or provide for them. Some families who cannot financially manage within the very limited rates have sought higher rates and support from Child Welfare under the 'Caring Families' or foster care programs. Although the needs of the children in the CIN program are often very similar to those in child welfare, many of these children could be provided with the necessary supports without opening a child welfare file. The plan to move this program into the child welfare system needs to be operationalized in a timely fashion.

When families are unable to manage financially while on public assistance and the level of support is reduced, the stress is often unbearable. Comments about the reduction of benefits include:

- An Aboriginal social worker observed that the decrease in welfare benefits has made it more difficult for many families to afford adequate housing, and has resulted in some becoming homeless.
- A mother on welfare told us that she did not have a telephone, as it was not a benefit covered under welfare. In order to have contact with his children, her ex-husband covered the monthly cost of the

phone. Welfare defines this as child support, so it is deducted from her monthly cheque.

- A woman whose divorce agreement included the payment of her legal fees by her ex-husband offered a similar example. Seen as income to her, the welfare system deducted these payments from her monthly cheque.
- A First Nations agency paid the damage deposit for a single mother who was moving to the city. The welfare worker considered the value of the damage deposit as income and deducted it from the welfare cheque.

During the consultation, a child welfare supervisor commented, "*We're seeing increased stress on families as a result of the SFI cuts. Families are not making ends meet, parents are fighting, some are abandoning their kids, and other just aren't able to parent their children.*" Some mothers said that sometimes the stress is so difficult; they lose control and become abusive. Because they love their children, they would rather have them in foster care, coming home on weekends.

Many examples were given by mothers and child welfare workers indicating that financial assistance and child welfare programs seem to be working against each other rather than collaborating in the interest of children and families.

Many examples were given by mothers and child welfare workers indicating that financial assistance and child welfare programs seem to be working against each other rather than collaborating in the interest of children and families. A mother on assistance told us this story:

> *The children came into 'care' and Mom was therefore considered single and employable by welfare and no longer eligible for enough money to cover the rent for their apartment. Mom moved in with her family and began to take a training program as required by the welfare policies. Child welfare in the meantime puts pressure on Mom to take parenting courses and visit with her children. She has no money for transportation, nor does she really have a place to visit with them. In spite of all of these challenges, Mom manages to conform to all requirements from both departments and is now ready to have her children returned. The problem is, she doesn't have a home, and so child welfare cannot return the children. She doesn't have the children, so welfare will not cover her rent. She did not come from an abusive situation so is not eligible for a damage deposit. Mom gives up and children remain in the child welfare system.*

The need for closer ties between the financial benefit program and child welfare was raised frequently by both Aboriginal and non-Aboriginal workers. Although some workers said that they would never open a child welfare file for purely financial reasons, others did. They gave examples of opening files to pay for food, utility hook-ups, and damage deposits. Clearly there is variation from one work site to another regarding the ability to respond to acute financial distress.

One child welfare unit in Edmonton tracked payments made on behalf of families receiving child welfare services that would have been covered by welfare prior to implementation of the reforms. Just under $17,000 was spent on behalf of 38 families (64 separate payments) over the first 7 months of 2000. This unit provides services to an average of 80 families per month. Although these child welfare cases may not have been opened directly as a result of the change in welfare policy, it is clear that in these instances, the child welfare budget is being impacted as a result of the reforms.

One supervisor commented, "Child Welfare should not be a financial benefits program for children. We should have an integrated approach to helping families who are having trouble managing instead of having to fight SFI (Supports for Independence) for every bit of extra help." A child welfare worker in Calgary stated "*A family with children simply cannot survive on SFI in Calgary.*"

Child Welfare should not be a financial benefits program for children. We should have an integrated approach to helping families who are having trouble managing instead of having to fight SFI (Supports for Independence) for every bit of extra help.

Occasionally a creative child welfare worker and a flexible welfare worker will come together to find ways to get extra help for a family. But service based on the individual relationship of one worker with another is entirely dependent on the continuing presence of those two people, and is not sustainable. Clearly a systemic solution is required.

A study completed by the Edmonton Social Planning Council and the Edmonton Food Bank in 1997 explored the relationship between extreme financial hardship and involvement with child welfare. The perception of the parents interviewed in this study was that their involvement in the child welfare system was clearly related to their poor financial situation. Although many of these parents were probably also dealing with problems other than poverty, their financial situations were a major stress factor.

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Shrinking Mandates of Other Government Departments

Shrinking mandates, which are often the result of fiscal restraint, have affected other organizations that serve children and families and thus have become a factor in caseload growth in child welfare. Service providers are often in conflict with one another, resulting in fragmented, but costly services. These findings are consistent with the existing crisis in child welfare services across North America.

The most obvious example in Alberta is children's mental health services, which seems to be very difficult to access for children already in the child welfare system. Staff described situations where parents of severely disturbed children are desperate for help, and cannot tolerate the usual three to four month wait for services. Although most of these parents are caring and competent, they are simply unable to access resources without their children being labelled 'a child in need of protective services'. A child welfare supervisor commented, "*The bottom line is that children are brought in to the child protection system in order to access mental health services*". The child welfare system seems to be funding a private mental health service by virtue of hiring mental health practitioners as a response to the extreme difficulty in accessing the provincial mental health system. Further, resources frequently needed for children with severe emotional disturbances include out of home placement and intensive family supports, neither of which is funded by the Ministry of Health and Wellness, resulting in referrals to Children's Services.

Children's mental health has been a major issue in Alberta for more than twenty years, and despite the best efforts of many affected parents, professionals, and concerned citizens, a real solution to this problem remains elusive.

Another example of the impact on child welfare of the mental health crisis is the difficulty of accessing mental health services for adults. Staff reports that children are often kept in placement, or in-home services are continued for extended periods of time because a parent with mental health difficulties is unable to access needed help. The mandate for adult mental health services has narrowed, so that an adult who does not suffer from "severe and persistent mental illness" has difficulty accessing help. A mother described her own thirteen-year struggle to access mental health services for herself, only succeeding after she " lost it" and abused her children. At that point child welfare became involved and was able to access treatment for her.

Children's mental health has been a major issue in Alberta for more than twenty years, and despite the best efforts of many affected parents, professionals, and concerned citizens, a real solution to this problem remains elusive. It is difficult to recall a single group or individual interviewed for this report that did not cite difficulty in accessing mental health services as a major stumbling block. Seven years ago, the Children's Advocate addressed the issue of inter departmental mandates, citing particularly "the failure to clarify and implement a comprehensive children's mental health mandate which results in the non-availability of children's mental health services" (Walter, 1993). Clearly this is a universal and serious problem.

The child welfare system seems to be funding a private mental health service by virtue of hiring mental health practitioners as a response to the extreme difficulty in accessing the provincial mental health system.

Child welfare staff that deal with children who are Young Offenders report that collaborative work is often lacking between the two Ministries in spite of an existing protocol. Often services are interrupted when a child is incarcerated resulting in extended involvement of child welfare.

In many jurisdictions, schools no longer have in-house social work and counselling staff. It was reported that these changes have resulted in more referrals to child welfare.

A study completed by the Ministry (1997) found that child welfare files were sometimes opened to provide services that more appropriately fall under another program or department's mandate. Ten percent of new cases opened from September 1996 to June 1997 did not meet the narrowed Child Welfare mandate and should not have been opened. In some cases, services were provided because parents could not access services through other vendors. The conclusion of the report was that sixteen percent of all services provided in June 1997 should have been provided by other department programs.

Another study suggested that child welfare sometimes becomes involved because of the inadequacy of resources available in other departments. Examples included mental health treatment facilities or counselling for youth with severe mental health disorders; community mental health supports for parents with a mental illness; home care (including child care) supports for terminally or physically ill parents; and treatment and counselling services for youth in young offender facilities (Kinjerski, 1996).

2. Organizational Factors

Historically the literature on organizational problem solving has made the point that employee productiveness and customer satisfaction are directly related to the climate of the employing organization. Increasing numbers of studies in the human service field suggest that organizational climate (attitudes shared by employees about their work environment) is a primary predictor of positive service outcomes and a significant predictor of service quality for clients of human service agencies, including children and families in the child welfare system. (Glisson and Hemmelgarn 1998; Glisson and Durick 1988; O'Reilly et al 1991; Sheridan 1992).

These studies have been welcomed by those concerned with effective delivery of services to vulnerable populations, since strategies for improving organizational functioning have rarely been based on a real understanding of how decisions that improve administrative systems may affect client services (Grasso, 1994). The organizational literature clearly reports that those who are front line service providers frequently have little confidence in the level of understanding of their jobs by those who plan and administer those services. Major efforts to improve services are frequently not informed by the experience of those who are actually delivering services to clients. Many organizations have concentrated, for example, on the importance of inter-organizational coordination as the major way to improve services to populations at risk. Increasingly the point is being made however, that what goes on *inside the organization* is equally as important as how well it is coordinated with other organizations.

Major efforts to improve services are frequently not informed by the experience of those who are actually delivering services to clients.

The literature identifies a variety of specific organizational components that support the effective delivery of child welfare services (Brager and Holloway, 1978; Weissman, 1974: Pecora et al, 1992; Kamerman and Kahn, 1990). The following elements of an effective human service system, as outlined by Pecora, reflect the themes from much of the organizational literature.

1. Articulation of a clear organizational mission and program philosophy.
2. Development of effective organizational designs and service technology.
3. Careful personnel recruitment, selection and training.
4. Professionalizing child welfare staff members.
5. Specification of measurable performance criteria and worker appraisal methods.
6. Providing high quality supervision.
7. Collecting and using program evaluation data, including consumer feedback information.
8. Addressing organizational and worker liability.

Connecting Organizational Factors and Caseload Growth

- The climate of the organization impacts the way child welfare work is done. In turn, the way the work is done is a primary predictor of good outcomes for children. Historically, the organizational climate of 'the department' has not facilitated good outcomes for children.
- Good outcomes happen when everyone in the organization shares a common vision, feels valued, and when all activities, at all levels, are focused on meeting the mandate of the organization. During the period of this review, these elements have not been evident.
- When the interests of children and families are not the primary focus, good outcomes are unlikely to occur. Children may be inappropriately kept out of the system until their difficulties are extreme. Serving these children then demands extraordinary time and resources, and helping them to move successfully out of the system becomes virtually impossible. Many children receiving services do not have their needs adequately met, resulting in major delays in permanency planning or children needing repeated access to child welfare services.
- Lack of accountability for making permanent plans for children in the system means that many children are drifting in temporary placements, neither returning home or entering permanent placements.
- Organizational change, such as the move to community based service delivery, created a climate of uncertainty and disempowerment as evidenced by the extremely high turnover rate at that time.
- The shrinking mandates of other child serving organizations have also affected child welfare caseload growth.

Need for a Common Mission

An effective human service organization develops, uses, communicates, and commits to a clear, well defined, value driven organizational mission. This is the sort of ideological statement that promotes staff, client, and public understanding of what it is that the organization does. People at every level of the organization should be encouraged to constantly measure their work against the mission of the organization. In modern child protection work, commitment to client empowerment and the strengthening of families should be central in such a statement. A clear and strong mission statement, which is seen as congruent by people at every level of the organization, is an essential building block for an effective human service organization. Staff consulted for this report clearly thought that this shared vision is not evident within the Ministry.

Children's Services, by its very name, implies a mainly client-service ideology whose primary emphasis is on interests, rights and well being of children, and on finding solutions to a variety of social problems that may negatively effect children and families.

Such a mission statement will grow from whatever ideological base drives the organization. Children's Services, by its very name, implies a mainly client-service ideology whose primary emphasis is on interests, rights and well being of children, and on finding solutions to a variety of social problems that may negatively effect children and families.

Lack of Certainty About the Mandate

Lack of certainty about the mandate among some child welfare staff (and in some cases their supervisors) is evidence of the need for a clearly stated and universally understood statement of purpose and mission. The Coopers and Lybrand Report (1998) stated that, "*There is no consensus on the appropriate role of the social worker: service broker or service provider, or degrees of both.*" In the process of consultation with staff for this report, we found astounding differences of opinion and attitude regarding the mandate and sanction of their work, from one worksite to another, and within the same worksites. Varying perceptions of mandate is an ongoing dilemma, which causes confusion within and outside the organization.

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At various points in the recent history of "the department", staff has had the message that as much as possible, referrals should be turned aside, or sent on to a community agency. This "*shrinking mandate*" notion has caused concern in the community, as staff in other agencies have found it increasingly difficult to access child welfare services on behalf of a child or family with whom they have contact. A Child and Family Service Authority (CFSA) board member said, "*Policy interpretation is more of a problem than narrow mandate. Many worksites interpret policy based on how much of their budget is left.*" Front line child welfare staff has commented, "*we seem to get our Brownie points for keeping caseloads down, so for a long time we tried not to open a file unless the situation was really extreme.*" This is evidenced by the increased numbers of screenings and investigations required to open a new case in earlier years. This notion continues, although there is now evidence that recognition of the value of earlier involvement is replacing that rather narrow view.

If the role of Children's Services is simply to protect children from harm, we will continue to have a system that is very episodic in nature, and it will be difficult to predict or control caseload growth.

Because of the way they are funded, the mandate of First Nations agencies is limited to providing protective services. Services beyond child protection (for example, custom adoption, family ties), if provided at all, must be funded in other ways, which creates places extra demands on the administration and staff of these agencies.

The Ministry of Children's Services needs to articulate its mandate more clearly, and to communicate that mandate to its staff and to the public at large. If the role of Children's Services is simply to protect children from harm, we will continue to have a system that is very

episodic in nature, and it will be difficult to predict or control caseload growth. If, on the other hand, while maintaining safety and security for children, the goal is healthy child development for all children in Alberta, the focus will be very different. Since the Ministry is just a year old, additional time will be needed to operationalize the mandate.

Concept of Least Intrusion

The concept of 'least intrusion' has been a flash-point for this confusion. The Child Welfare Act (1985) introduced the notion, which was hailed as an important component in the legislation. The initial intent of 'least intrusion' was to find a balance between keeping children safe from harm while respecting the integrity of the family. (For example, it required parental agreement to accept services when a child remained at home under a support agreement). One unintended consequence of this policy was the reluctance of child protection staff to become involved with a family unless the child was at risk of very serious harm. In the opinion of a senior manager, "*Least intrusion gets used as a rationale for not doing the job.*" An additional consequence was that when a worker believed that further involvement was indicated and the family refused services, sanction of the court was required in order to remain involved. At the time of the 1985 legislation, experienced child welfare policy and planning people predicted that a negative consequence of the new legislation would be delays in opening cases, resulting in the development of more serious problems, and a huge increase in child welfare caseload over time. That prediction seems to have been accurate.

At the time of the 1985 legislation, experienced child welfare policy and planning people predicted that a negative consequence of the new legislation would be delays in opening cases, resulting in the development of more serious problems, and a huge increase in child welfare caseload over time. That prediction seems to have been accurate.

Organizational Change

Organizational change frequently creates a climate of uncertainty, particularly when front line staff members perceive that they have had little or no voice in planning the change (Brager and Holloway, 1978, Weissman, 1973, Briar, 1991). The *process* of change is vitally important. Virtually all of the literature on organizational change cites the importance of seeking input and involvement of front line staff from the very onset of the planning process, when major organizational change is contemplated. To do otherwise is likely to have long standing negative effects on staff morale, and consequently on effectiveness of client service. The move to community based services has certainly created organizational change and significant uncertainty for staff involved.

Organizational change frequently creates a climate of uncertainty, particularly when front line staff members perceive that they have had little or no voice in planning the change

The current trend to community based delivery of services, while generally applauded, has faltered in some jurisdictions because front line staff have been disempowered in the process, and because of unrealistic expectations of resource availability in the community itself. Certainly in Alberta there has been an overwhelming perception

that front line staff were "*the last to know*" as the move to the new service delivery model was planned.

For the First Nations agencies, the move to community-based services has had major implications. Longstanding working relationships with Social Services managers have ended and new relationships with Regional Authorities have had to be established. For most of these agencies, connections need to be made with several different CFSAs, because their children are placed off-reserve, and, perhaps, in several CFSAs. Aboriginal people have expressed frustration about some CFSAs lack of knowledge about the child welfare agreements. This lack of knowledge is not surprising given that a large number of new child welfare staff who have received Child Protection Services (CPS) training during the last three years.

Although the information obtained from the current Child Welfare Information System (CWIS) has been extremely helpful, additional longitudinal data that is not currently available through that system would have made this analysis more straightforward.

Access to Accurate and Meaningful Information

Access to accurate and meaningful information, collected over time, is essential to unravelling the reasons for caseload growth. Although the information obtained from the current Child Welfare Information System (CWIS) has been extremely helpful, additional longitudinal data that is not currently available through that system would have made this analysis more straightforward.

There is concern that Aboriginal children are not properly recorded in the current CWIS system. First Nations agencies often do not have the necessary equipment or training to accurately record the information. Metis children are said to be under-identified on CWIS. There is no administrative requirement (legislation or policy) which requires the identification of Metis children, nor are there specific procedures in place in regard to Metis children, as there are for First Nations children. As one Director said, "*They are not asking the Metis question.*" A Metis worker commented, "*Unless you are concerned about cultural dislocation, there is no clear advantage to determining if children are Metis.*"

With a client centered information system, results would be assessed on the basis of how individual children and families are actually doing as they move through the system, rather than how many policy-driven events occur during the life of the case.

In many human service organizations, "success" is measured by system events and policy compliance instead of client outcomes. A recent publication from Ontario (Trocme et al 1999) recommends an information system for that province that would collect important longitudinal information and make it possible to systematically assess and track the path of each child and family within the child welfare system. With a client centered information system such as Trocme has proposed, results would be assessed on the basis of *how individual children and families are actually doing as they move through the system*, rather than how many policy-driven events occur during the life of the case. An additional response to the information gap would be the establishment of a Child Welfare Research Center in Alberta

that would generate data to inform child welfare policy and practice. Both these initiatives would also fit with the 'outcomes based' philosophy of the Ministry.

Children's Filter

The idea of a "children's filter" which was discussed at the Children's Forum in October 1999 is another concept that could in the longer run, result in improved services to children and families. If all government policies, plans, practices, and all new legislation were examined for potential impact on children and families there might well be fewer vulnerable families negatively affected by such changes.

Child Welfare Research Center

A Child Welfare Research Center in Alberta would provide a base of current knowledge to inform best practice for children and families. Throughout the world of child welfare, a culture of evidence-based practice has evolved. Practical and relevant research informs the training of child welfare practitioners who in turn use that training in their day-to-day practice. Such a center would also attract child welfare scholars and practitioners to Alberta and provide opportunities for continuing education for child welfare staff.

Practical and relevant research informs the training of child welfare practitioners who in turn use that training in their day-to-day practice.

3. Human Resource Factors

There are many children whose lives have been changed in very positive ways as a result of their involvement with the child welfare system.

In the face of many issues around staffing, training, education and retention, it must be recognized that throughout the province there are many skillful, well qualified, experienced and dedicated social workers, who practice effectively and ethically, and are supported by management to do good practice. There are many children whose lives have been changed in very positive ways as a result of their involvement with the child welfare system.

There seems little question that appropriate educational background of staff means better service outcomes for children and families.

Nonetheless, ***appropriate staffing*** is an urgent issue. There seems little question that appropriate educational background of staff means better service outcomes for children and families. The current number of new and unqualified staff is a huge issue in the experience of literally all of the people interviewed for this project, and is widely perceived to have a direct relationship to caseload growth. In 1983, Justice Cavanagh, in his review of the child welfare system, commented on the need to hire professionally qualified staff. "*The reason for (hiring unqualified staff) is that people with good qualifications could find better working conditions elsewhere. It is not just a matter of pay. It is a matter of atmosphere and morale.*"

Connecting Human Resource Factors and Caseload Growth

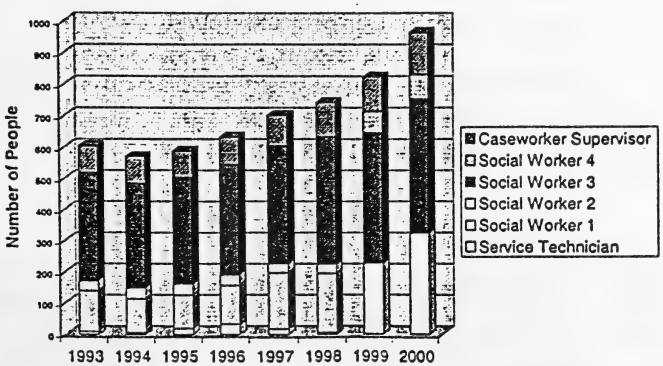
- As of March 2000, 832 child welfare workers and 134 supervisors are employed in Child Welfare. From 1993 to 2000, the number of child welfare workers increased by 63%, while the number of supervisors increased by 58%.
- Appropriate staffing is an urgent issue. Appropriate educational background of staff means better service outcomes for children and families. The number of new and unqualified staff is a huge issue in Alberta. From 1993 to 2000 the percentage of child welfare staff with BSW and MSW degrees dropped from 67% to 54%.
- There is general agreement that the BSW degree should be the entry-level qualification for working in child welfare. Alberta is the only province in Canada that hires child welfare staff with less than a BSW.
- Aboriginal children and families are best served by Aboriginal social workers in order to ensure that all decisions made on their behalf are congruent with their culture.
- While recruitment of child welfare staff is a universal problem, in Alberta, the more pressing issue is retention of staff. The rate of turnover of child welfare staff in Alberta is very high. Since April 1993, over 900 child welfare workers have terminated or transferred out of their positions. When combined with the hiring of new staff to respond to the growing caseloads, recruiting to these vacated positions results in chronic significant inexperience on the front-line. It is hard to imagine the number of children and families affected by these changes. Currently, 43% of child welfare workers have less than two years experience.

- Salaries paid to child welfare workers and supervisors are lower than almost all other Canadian provinces and lower than social work colleagues in many other work settings.
- The media and the public often have a negative perception of the nature of child welfare work and are unfairly critical.
- Comprehensive job specific training is essential regardless of educational preparation. The current Trainee program is successful in meeting this need for those who attend.
- Quality of supervision impacts morale of front-line staff and is a factor in staff decisions to stay or leave. Many competent supervisors are challenged by the need to balance administrative demands with the supervision of inexperienced and unqualified staff.

As of March 2000, 832 child welfare workers and 134 casework supervisors are employed in child welfare in 18 Regional Authorities. The numbers of staff working for First Nations Agencies are not available. Staffing in First Nations Agencies is the individual responsibility of that agency, and the Children's Services Ministry does not track those staffing trends. The following discussion will focus on staff working within the Regional Authorities.

Note: Because of the creation of new worksites and a shift in boundaries, the numbers at the regional level are approximate.

Staffing Profile – Child Welfare Workers

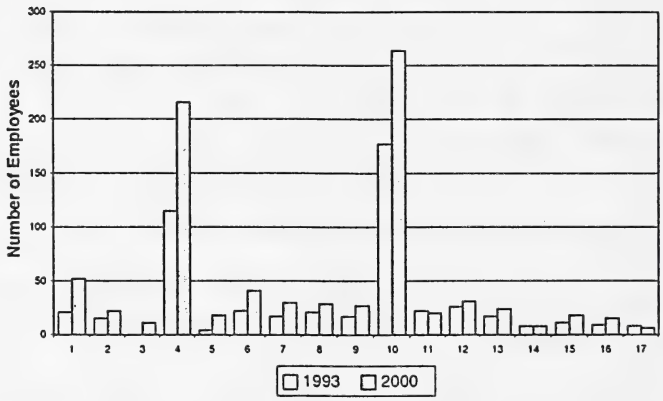


Note: As part of the Class Series Review, all child welfare staff in Social Worker I positions were reclassified to Social Worker II effective November 1998. Some social workers with a SWI classification remain in the system, so you will still see that

classification referenced from time to time. The Social Worker I and II position have the same education requirements, so for purposes of this discussion, will generally be combined. Prior to 1998, a SW I was reclassified to a SW II after they had 3 years experience at a Social Worker I classification and when they enrolled in a BSW/MSW or equivalent program (see Appendix I for classification).

The above graph shows that child welfare staff has grown in proportion to the child welfare caseload. From 1993 to 2000, the number of social workers increased by 63%, while the number of casework supervisors grew by 58%. Managers grew by 265% during the same period. Almost half of this increase occurred between 1999 and 2000 when the CFSAs became operational.

Number of Social Workers I to IV by Regional Authority



The rejection of child welfare settings by new graduates has to do with the knowledge that child protection work is hard; that supervision is often limited; that the work may be dangerous, that the pay is poor, and the widely held perception that the employing organization may not be supportive of staff.

Because of the creation of new worksites and a shift in boundaries, the numbers at the regional level are approximate. While the number of staff grew in some CFSAs over this seven-year period, numbers of staff remained the same or slightly decreased in others. The latter is likely due to the signing of child welfare agreements with First Nations agencies and the subsequent transfer of case responsibilities.

Appropriate Staffing

There are a variety of explanations for hiring staff without a BSW degree. Agencies with unfilled positions comment that there are insufficient numbers of social work graduates to staff child welfare agencies. The unfortunate reality is that many new graduates choose not to work in child welfare, and instead find positions in a variety of other practice settings. The rejection of child welfare settings by new graduates has to do with the knowledge that child protection work is hard; that supervision is often limited; that the work may be

dangerous, that the pay is poor, and the widely held perception that the employing organization may not be supportive of staff. A 1997 U.S. study reported that social work students were discouraged from working in child welfare because of "deficits in the work environment, the perceived ineffectiveness of the child welfare system, and philosophical objections to what some believe to be the child welfare system's mission" (Rome 1997). The same study points out that the paucity of degreed social workers employed by child welfare agencies is another source of disinterest in the field by new graduates, who prefer to begin their careers in settings that they perceive are more "professional." Ironically, some agencies are moving toward hiring non professionals to do child protection work, ostensibly because of difficulties in hiring qualified staff, but it is this very action that may be discouraging new social workers from applying, since they perceive child welfare settings to be non professional. The respondents to the project survey reflected all of these issues to some degree. "*I think that even students are aware that professionalism is not a strong feature here*", commented one front line worker.

Ironically, some agencies are moving toward hiring non professionals to do child protection work, ostensibly because of difficulties in hiring qualified staff, but it is this very action that may be discouraging new social workers from applying, since they perceive child welfare settings to be non professional.

As the literature points out, the trend toward under-utilization of professionally educated social work staff is particularly unfortunate in the light of a growing number of studies that document the job relevance or superior job performance of workers with social work degrees (Dhooper at al, 1990; Booz Allen and Hamilton 1987; Lieberman et al 1988; Sui and Hogan 1989; Pecora 1989; Huxtable 1994). In some parts of the U.S. and in Europe, the debate is about hiring people with the Bachelor degree as opposed to the Masters degree in Social Work, with many taking the position that no one with less than a MSW degree is equipped to do child protection work. Many supervisors, managers, and front line staff report that in their experience better educated people are less likely to bring children in to care, and more likely to do effective permanency planning, thus providing more effective and timely services to children than their untrained colleagues. This qualitative data is born out in the child welfare literature (Lieberman, 1990). Another recent study (Lafrance, 2000) suggests that in child welfare settings the worker without a BSW degree is more likely to defend the status quo of the organization, and has more difficulty relating to client's unmet needs than the worker who has a degree in social work.

The reluctance of social work graduates to work in child welfare settings combined with moves toward deprofessionalization means that child welfare services are often provided by personnel with a wide variety of educational backgrounds, some quite unsuited to the complex role of front line child protection. The majority of staff who responded to the survey expressed concern about current hiring practices. Most respondents were of the opinion that the BSW degree should be the minimum requirement for work in child protection. In no other province can a person qualify as a social worker with less than a

The reluctance of social work graduates to work in child welfare settings combined with moves tow deprofessionalization means that child welfare services are often provided by personnel with a wide variety of educational backgroun some quite unsuited to the compl role of front line child protectio

BSW degree. Children in Alberta should not have a lower standard of care than is required across the country.

Throughout the course of the project comments such as the following were heard. One front line worker with significant experience in the system wrote, "*Hiring people without social work degrees only adds to the duties of other workers and creates more problems.*" Several others expressed concern about "*diluting the professionalism of child welfare in Alberta.*" An experienced child welfare supervisor who expressed concern about what she perceives to be "*increasing anti professionalism*", added, "*sometimes we wonder if this system avoids hiring well educated social workers because they are more likely to rock the organizational boat.*" They are more likely to question policies as well as advocate for client and systemic change.

Staff also pointed out that qualified social workers have a professional Code of Ethics as their value base. Given the complexities of child protection work, this is an added value that is missing from the preparation of most other workers. There is a common belief on the part of front line staff that when people in management do not have social work education or child welfare experience they may not have a good understanding of the real nature of the job they do. Clearly there is a widely held perception among current staff that the value of professional social work education for child protection work is not well understood.

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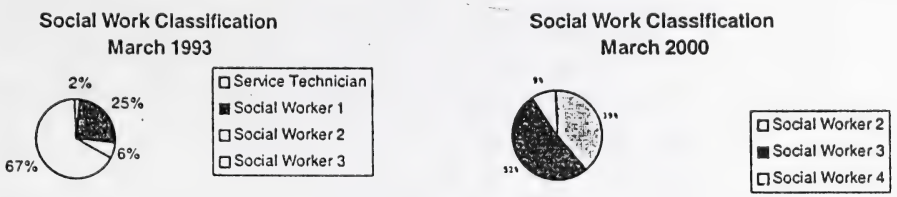
Staffing Patterns

Staffing patterns over the past few years certainly reinforce the accuracy of that perception. As caseload growth escalated, the system appropriately responded by hiring additional social workers and supervisors. Some Regional Authorities experienced a significant growth in numbers of child welfare workers. During the period from 1993 to 2000 the number of new staff with *community college diplomas or non social work degrees* increased 100%. During the same period, *BSW and MSW staff* increased by 46%. In 1993, staff with the BSW or MSW degree represented 67% of the child welfare staff. By 2000, that figure had dropped to 54%. These numbers are congruent with records kept by Human Resources in relation to those enrolled in the Child Protection Services (CPS) training. From First Nations Agencies, 34% of those enrolled had social work degrees and 27% had social work diplomas. From Regional Authorities, 56% had social work degrees, and 13% had social work diplomas. In both cases, the remainder (approximately one third of the participants) had non social work degrees/diplomas or other educational preparation.

Classification of Social Workers[8]



Varied Staffing

Varied staffing (assigning staff with a variety of educational backgrounds to tasks suited to their particular skills) is a reasonable response to shortages of degreed staff. There is potential value in including people with a variety of educational backgrounds in the work of a child welfare agency. There are important roles for people skilled in such areas as child management, parent education, special needs, particularly as support for families is such an important aspect of child welfare service delivery.

This model, however, requires thoughtful differentiation of staff, which does not often take place. Current staff suggest that there is benefit in working with colleagues from a variety of educational backgrounds, particularly when different job assignments are worked out. A front line worker whose closest colleague has no social work education commented, "*You can't just hire these different people and then throw the same job description at them all. They just don't have the same understanding of the nature of the job, and the rest of us end up with twice the work to do!*"

Current staff suggest that there is benefit in working with colleagues from a variety of educational backgrounds, particularly when different job assignments are worked out.

In some jurisdictions, for example, shortages of qualified social workers has led to creative and effective use of team approaches to child protection work as a way of utilizing the particular skills and expertise of a variety of people, and finding more flexible and constructive ways for them to work together. Such teams are typically led by a senior social worker who assigns tasks differentially to various members of the team, as part of a coordinated intervention for a particular child and family. In Alberta, where several approved community college programs grant social work diplomas, there is particular potential for creative use of variously prepared staff.

For all children, this team approach would provide safeguards in the case of staff turnover, since more than one staff member would

[8] The complete Social Work classification is in Appendix H. Currently, educational requirements for each level are:

Social Worker IV – MSW or comparable Masters Degree;
Social Worker III – BSW;
Social Worker II – Social Science degree or diploma plus related experience

presumably have established a relationship with the child and family. Mandatory inclusion of Aboriginal team members would help to provide cultural congruence and continuity for Aboriginal children. This team approach to child welfare service delivery is also congruent with the 'neighborhood center' concept that is part of the planning in several of the new Regional Authorities.

Current and Future Staffing

Current and future staffing will require comprehensive recruitment strategies. An essential element will be active and thoughtful collaboration among employers of child welfare social workers, social work education programs, and the professional social work association. Such collaboration might also result in "raising the bar" in terms of child welfare as a truly professional setting for the practice of social work. Some schools have taken up the challenge, and interesting initiatives are underway. For example:

- A pilot project is now in place between the Edmonton Division of the University of Calgary's Faculty of Social Work, and the Ma'Mowe Capital Region Child and Family Services Authority. The purpose is to better prepare new BSW graduates for work in child welfare and to support good practice within the agency.
- The Access Division is an initiative by the University of Calgary to make the BSW program available to people for whom access to urban programs is impractical. The Ministry of Learning has provided funding under the Access envelope for the Faculty of Social Work to expand the BSW program to rural, remote and Aboriginal communities. Many of the students in this program are already employed in CFSAs and First Nations Agencies. This BSW program has been particularly well received by Aboriginal staff.

As well, there are currently several approved community college programs in Alberta that prepare diploma level social work practitioners, many of whom move on to BSW programs. This sequencing, which is referred to as 'laddering', should continue to be encouraged by the colleges, Faculty of Social Work, and by employers.

A related issue is that of the broader societal problem of an aging workforce. The average age of the current population of qualified social workers in Alberta is approximately 40 (Alberta College of Social Workers, 1999). The number of new graduates may not be keeping pace with the approaching retirement of others, so there will almost certainly be an acute recruitment problem in years to come. This is an even bigger issue with supervisors.

Need for Aboriginal Staff

The need for Aboriginal staff is apparent to child welfare agencies and social work educational programs across the province. All those involved in child welfare are acutely aware of the benefits to Aboriginal communities of having *Aboriginal service providers* within those communities, and of the need to attract more Aboriginal child welfare workers into these programs. Aboriginal agencies and their communities generally value social work education. Great value is also placed on true acceptance and understanding of Aboriginal customs, attitudes and lifestyle. Despite formal education and additional training in 'cultural sensitivity', non-Aboriginal social workers are unlikely to be as effective as their Aboriginal colleagues in helping Aboriginal children and families living in their own communities. Since First Nation and Metis children are greatly over represented (38%) in the total child welfare caseload, increasing efforts need to be made to support any initiatives to make social work education more available to workers. Many First Nations Agencies are now planning and delivering services to their own communities. The Ministry does not track staffing patterns in those agencies, so at this time it is not possible to report numbers of workers or level of educational preparation of staff in these agencies.

Despite formal education and additional training in 'cultural sensitivity', non-Aboriginal social workers are unlikely to be as effective as their Aboriginal colleagues in helping Aboriginal children and families living in their own communities.

Negative Public Image

The negative public image of child welfare work is also a deterrent to recruitment and retention of staff. Although modern child welfare agencies have generally adopted a "strengths perspective" and no longer view service recipients as incompetent and helpless, much of the general public has not kept pace. Social workers in child welfare are often criticized for invading the privacy of the family, or for not intruding aggressively enough when a child is perceived to be at risk. The media and the public, often on the basis of very limited information, unfairly criticize child welfare workers when a child is harmed. Unfortunately, front line workers often feel that they are not likely to be supported by the employing agency if harm comes to a child on their caseload. There are many examples of social workers who have been pilloried by the media, and deserted by their employing organization, when in fact the harm that came to a child may have been much more a symptom of system and societal inadequacies than deficits in the worker's activities. A high profile case in Alberta which resulted in the termination of a long time staff member continues to be mentioned by many current staff as the source of considerable stress and fear about the possibility of making a mistake which could result in public or media scrutiny.

The media and the public, often on the basis of very limited information, unfairly criticize child welfare workers when a child is harmed.

Ethical Dilemmas

Ethical dilemmas plague the work of qualified social workers in child protection settings on a daily basis. They talk in detail about the difficulty of trying to balance the needs of the client and the requirements of the organization. Clearly an under funded system that delays hiring into vacant positions creates ethical dilemmas for front line staff. Bureaucratic values and social work values often seem at opposite ends of the pole (Reagh 1994). After some time on the job, many social workers believe that the purpose and the reason for child welfare work – to help children and families – has been usurped by the bureaucratic needs of the employing organizations (Samantrai 1992).

Agency Specific Training

More often than not, however, that perception is reinforced by failure to distinguish between social work education and specific child protection job training.

Agency specific training is a vital component of a child welfare organization. It is suggested in the literature and by senior management that Schools of Social Work do not adequately prepare new graduates to work in child protection. More often than not, however, that perception is reinforced by failure to distinguish between social work education and specific child protection job training. Clearly both are necessary. The literature and experience elsewhere widely confirm the benefits to the agency and to clients of hiring staff with a degree in social work which provides a well rounded professional education, and adding to that some well planned, agency-specific training (Leung, 1999; Reagh, 1994).

Child Welfare Trainee Program

The program is strongly supported by new staff as well as those who have been in the system for some time.

The Child Welfare Trainee Program, which provides a gradual introduction to child welfare work, was initiated by the Ministry in 1995 in response to increasing numbers of new and unqualified staff. The program is strongly supported by new staff as well as those who have been in the system for some time. New and inexperienced staff, including BSW graduates applaud the opportunity to obtain job-specific information and skills before being expected to take charge of a caseload. This program was piloted and first implemented in May 1995. The original purpose was to increase recruitment options by providing support to qualified candidates who demonstrate skills, abilities and suitability for child welfare work, but who require further training and work related experience to enable them to be assigned a caseload. The program has since evolved into a viable process to prepare newly hired social workers for the complexity and demands of front-line child protection work.

In Alberta, trainees come to the program with a variety of educational backgrounds. Those with BSW degrees are generally ready for delegation in 3-4 months, while those with other related degrees and diplomas generally require the full six months. "*The experience now gained through the trainee program has identified that generic social*

work knowledge and skills, and personal suitability to the work cannot be acquired within the context of the working environment and should be made entrance requirements for this program." (Child Welfare Trainee Program, Annual Report, July 1997). Delegated child welfare workers trained through the program have reported their experience to be highly satisfactory. "*I feel the trainee program is absolutely necessary for any new worker coming into the field. The program allows time for learning without learning at the expense of clients*".

Child Protection Service Training

Child Protection Service (CPS) training is a four-week period of intensive orientation to the practicalities of working in child protection, and is compulsory for all new staff. Although child welfare workers generally value basic CPS training, there were concerns expressed that the view of the child protection role presented in CPS training is somewhat narrow. Some experienced staff commented that there is too much emphasis on the investigative role of assessing risk and "policing" a family's situations and, not enough on the broader spectrum of strength-focused activities designed to help children and families. The danger is that child welfare workers may then define their role simply as protectors of children at risk and fail to provide services for children and families that in the longer run will keep children out of the child welfare system. The Trainee program is perceived to include important concepts missing from CPS training. Some suggested that both approaches are necessary, and that the two training programs should be melded. At any rate, job-specific training, universally available to all new staff before they are assigned a caseload, is seen as a vital component of job readiness.

The danger is that child welfare workers may then define their role simply as protectors of children at risk and fail to provide services for children and families that in the longer run will keep children out of the child welfare system.

Aboriginal professionals suggest that current CPS training be made more practical for Aboriginal social workers. One commented, "*The training offered through CPS is just surface information...don't get into what's needed for practice with Aboriginal families...don't deal with racism, colonization etc.*" Representatives of First Nations agencies indicated that they look forward to developing their own CPS training.

The work is not static, and new ways of providing services are always being identified and described.

Continuing Education

Support for continuing education assumes particular relevance at a time when organizational changes have created the need for basic changes in the way some child welfare staff are going to have to do their work. The work is not static, and new ways of providing services are always being identified and described. There are specific content areas that staff identified as being deficient – addictions, family violence, mental health, for example. Ongoing training is necessary both for maintaining staff capability and morale. As a manager said, "*Until you have minimally three years under your belt, you don't know what you don't know.*" In that region, a three-year Child Welfare

Social Worker Development Program is being implemented focusing on in-service training sessions, best practice forums and mentorship.

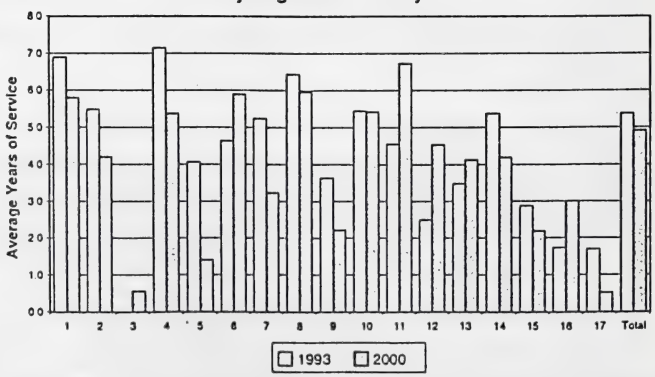
A caution pointed out by Maluccio (1985) is the tendency in some agencies to use training as a substitute for necessary system changes. Sometimes the organization decides that it is more practical to re-train staff than to modify the organization so that staff can do the job in an ethical and competent manner. In child welfare settings, if staff does not feel supported by the employing organization to do child centered, ethical and individualized practice, additional learning opportunities are not going to improve service.

High Rate of Turnover

The high rate of turnover of child welfare staff combined with additional hiring in response to the growing caseloads is clearly a factor contributing to the size of the provincial caseload. Although many qualified people who enter the child welfare field do so with the notion of gaining experience in preparation for another job, or simply finding gainful employment in a tight job market, many others seek positions in child welfare because they are truly interested in working with children and families. The staffing data in Alberta clearly suggest that the problem for Children's Services is not that they cannot hire enough qualified staff, but rather that they cannot *keep* them. The immediate result of difficulty in staff retention is that there is continuous and significant inexperience on the front line, since departing workers are of necessity replaced with new people who may lack both training and experience. This issue was identified with remarkable frequency by child welfare staff at all levels, by service recipients, and by staff in community agencies. The Chair of Alberta's Child Welfare Appeal Panel, for example, noting the number of inexperienced workers, observed that "*more issues would likely have been resolved with more experienced workers.*"

The staffing data in Alberta clearly suggest that the problem for Children's Services is not that they cannot hire enough qualified staff, but rather that they cannot keep them.

Average Years of Service – Social Workers I to IV by Regional Authority



Note: Years of service are based on the number of years staff worked within the Alberta government, not just the Ministry of Children's Services. Because of the creation of new worksites and a shift in boundaries, the numbers at the regional level are approximate, and in some cases missing.

Average years of service of child welfare staff vary among Regional Authorities. Both the number of staff leaving and the number of new additional staff being hired to respond to demands impact the picture of average years of service. Nevertheless, the provincial average for child welfare staff is 4.9 years of service, with low of .5 years in Region 17 and a high of 6.7 years in Region 11. Staff retention is an issue of concern particularly in northern and rural areas. In addition to a high rate of terminations, a number of rural staff seek transfers to urban areas. During the last seven years for example, 26% of all transfers in the province represented departures from five rural, northern regions. On the other hand, half of the total provincial transfers went to the two large urban areas.

Staff retention is an issue of concern particularly in northern and rural areas.

The frequency of staff turnover contributes to caseload growth in a variety of ways. Perhaps the most frequent manifestation of the problem is that when a worker leaves a caseload there is often a time lapse before the caseload is reassigned, and very often the worker who is asked to cover the 'vacant' caseload already has a full caseload to cover, all of which tends to delay individualized permanency planning for children. As well, when a new worker is assigned, very often plans for children are put on hold while the new worker has an opportunity to reassess the needs of the children on this now unfamiliar caseload. Staff in private agencies who were interviewed for this report expressed frustration at the frequency with which new child welfare workers take over caseloads, ignoring existing assessments and 'starting over' or changing the direction of case plans, thus delaying final resolutions for children. In 1983, Justice Cavanagh commented on the turnover rate, and in 1984, Thomlison stated "*There needs to be a procedure to ameliorate the effects on children of high staff turnover and resultant failure to build on the work of the previous worker.*"

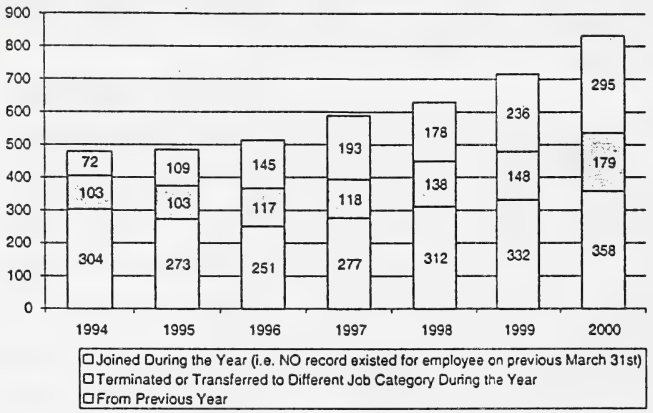
Staff turnover is defined and calculated in a variety of ways. Frequently turnover is defined as termination. In other words, only those employees who actually leave the employ of the organization are included in the statistics on "turnover". When an employee transfers to a different work site within the same organization there is no continuing record kept of such movement. This tends to disguise another potentially serious problem, since social work is relationship based, and every transfer of a child welfare worker from one worksite to another or from one classification to another certainly represents a major change for some children and families, and may seriously compromise the work being done with them. Since 1993/94, just over 900 social workers terminated or transferred to a different job category. During this same period, an additional 147 social workers transferred to different worksites in the child welfare system. It is hard to imagine the number of children and families affected by these changes.

It is hard to imagine the number of children and families affected by these changes.

Because the data is a 'snapshot' in March, those staff members who have started working after March 31 of one year and terminated prior to March 31 of the next year are not included. For the purpose of this study, net terminations were determined using the following formula:

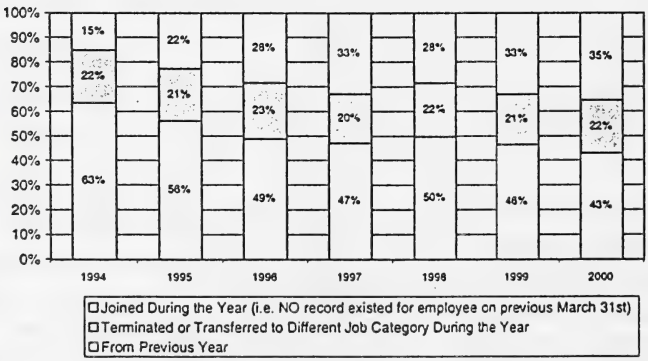
Total number of employees at previous year-end
\+ Number of employees joined during the current year
– Current year end number of employees
Net Terminations

Net Staff Termination – Social Worker I to IV



Only 358 (43%) of staff had worked in child welfare the previous year.

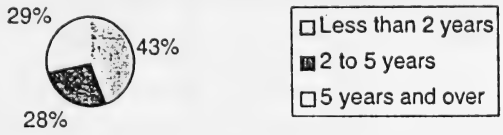
Net Staff Termination – Social Worker I to IV



The percentage of the total staff compliment that terminated remained relatively consistent from the 1993/94 to 1999/2000 fiscal years. However, in addition to staff hired to replace those who terminated, new staff was continually being hired to cover the ever rising caseload demands. As a result, the proportion of the total staff who remained from the previous year continually decreased.

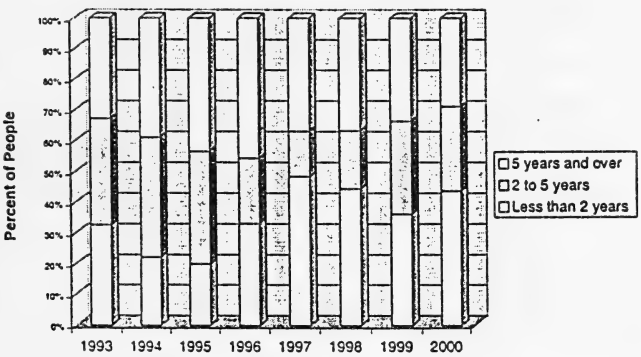
For example, in the1999/2000 year, in addition to replacing the 179 terminated child welfare workers, 116 new child welfare workers were added to the system, making a total of 295 new child welfare staff hired in the year. Only 358 (43%) of staff had worked in child welfare the previous year.

Years of Experience, March 2000
Child Welfare Workers



Child welfare staff with a BSW (SW III) has an average of 5.4 years, similar to 1993. Staff with a social science diploma or related degree (the least amount of education) tend to have the least experience. An anomaly is those few staff with a social science diploma or related degree who enrolled in a BSW or MSW (SW II). They tend to stay the longest, for example, an average of 11.7% years in 1998.

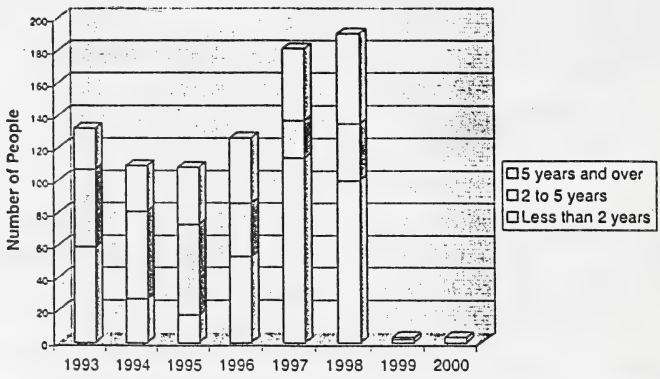
Child Welfare Workers – SW I to IV



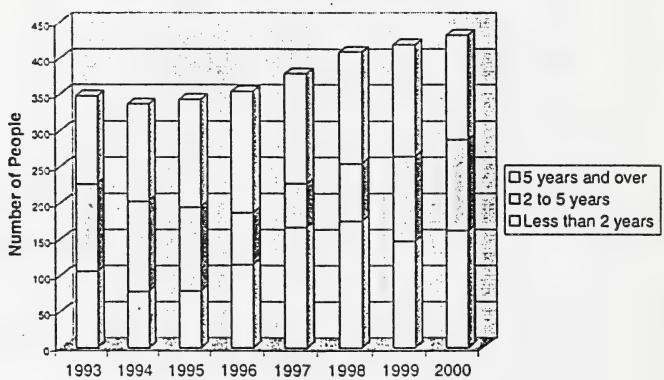
In the year 2000, a startling 43% of all current front line child welfare staff have less than two years experience.

According to the data collected by Human Resources a large proportion (83%) of current child welfare supervisors have more than five years experience. In contrast, only 28% of front line staff has more than five years experience. In the year 2000, a startling 43% of all current front line child welfare staff have less than two years experience. Interestingly, of the current staff without BSW or MSW degrees, more than half have less than two years experience.

Child Welfare Workers – SW I



Child Welfare Workers – SW III



The 1995 announcement that child welfare workers would no longer have jobs once the transition to community based services was complete seemed to have an impact on the number of staff who stayed.

The 1995 announcement that child welfare workers would no longer have jobs once the transition to community based services was complete seemed to have an impact on the number of staff who stayed. By 1997, 48% had less than two years experience, only 15% of all child welfare staff had 2-5 years experience.

Although Alberta's rate of staff turnover is high, staff retention is also a problem in some other Canadian provinces. In Ontario, for example, the increased demand for child welfare services has led to significant staffing issues throughout the province. The availability of trained, experienced child welfare practitioners is limited and agency staffing vacancies have been a significant issue. "*High turnover rates and the inexperience of front-line staff have led to greater demands being placed on front-line supervisors to provide supervision, consultation and training for new workers. The shortage of experienced staff has also been evidenced in the relative inexperience of the front-line supervisor. Less experienced staff have tended to make more*

conservative clinical casework judgements, which may inadvertently affect caseload size." (Co-ordinating Lead, Child Welfare Reform, Ministry of Community and Social Services, Ontario).

Why Social Workers Leave or Stay

Why social workers decide to leave or to stay in their jobs is an interesting question and clearly has a great deal to do with the employing agency. Rycraft (1994), for example, suggests that there are a variety of sound administrative practices that would positively affect the retention of social workers, thus addressing staffing problems. Recognition and appreciation of the challenges faced by front line staff, manageable caseloads, and high quality supervision are the issues most often mentioned. Confidence that the employing organization will stand behind them, particularly if something goes wrong with a case was also an issue.

Recognition and appreciation of the challenges faced by front line staff, manageable caseloads, and high quality supervision are the issues most often mentioned.

In agencies where staff turnover is unusually high, the people who leave are frequently those with the highest educational qualifications, while less qualified people tend to stay on the job. The superficial reason for this is that well qualified people will have less difficulty finding other positions. The less obvious dynamic is that qualified staff eventually becomes disenchanted when they are in a work situation where those in authority do not seem to value their work, or support them in doing 'best practice', and where there may be ethical conflicts inherent in the way the job is being done. Although remuneration is often an issue, most social workers in Rycraft's study (and others) did not place as high a priority on salaries as on other sorts of organizational supports (Jayaratne and Chess 1984; Vinokur and Kaplan 1991).

The fear of job loss that accompanied the move to community based service delivery was obviously a serious threat to the stability of child welfare staff throughout the province.

The fear of job loss that accompanied the move to community based service delivery was obviously a serious threat to the stability of child welfare staff throughout the province. As the Coopers and Lybrand (1998) report pointed out, "*Staff were originally told they would be 'let go' from the devolved structure; this sent a clear message that present staff were unwanted and of questionable competence – undervalued in terms of professionalism and capability; only recently have they been advised that secondments (as government employees) would be arranged.*" Not surprisingly there was significant loss of experienced staff as a result of these events. Although some CFSAs seem to be working hard to recognize and appreciate challenges faced by front line staff, it will take some time to reverse the negative feeling generated by those events of the recent past.

Although the literature indicates that in some jurisdictions ***salaries*** do not seem to be a major factor in child welfare staff decisions to leave or stay in the system, during our process of consultation for this report,

poor salaries for BSW and MSW social workers in Alberta were certainly cited as a factor contributing to low morale. Salaries for qualified social workers from at least five other provinces and territories were examined, and it is clear that Alberta's salaries (even with recent changes) are significantly lower than the others (Appendix J).

Not only is the starting rate lower in Alberta, the entire range is well below that in other jurisdictions. Low starting rate and lower range is true for casework supervisors as well as for child welfare workers. When compared with wages earned for similar work in other jurisdictions, and with salaries earned by many similarly qualified people in other organizations (hospitals, home care, municipal governments in both Edmonton and Calgary, mental health agencies, some private agencies, school systems, etc.) the message is clear that the work of qualified social workers in child welfare is not financially rewarding. For workers with community college diplomas who are working in child welfare, government wages tend to be higher than those paid to diploma graduates by other employers.

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Supervision

Supervision is another important factor in worker retention. Social work supervision is not about workers being dependant; it is about improving the service provided by the agency. Good supervisors are mediators between the policies and fiscal constraints of the agency and the actual service delivered to clients. In child welfare systems, workers are often promoted to supervisory levels for reasons other than their knowledge, skills, and ability to supervise others (Samantrai 1992). It certainly becomes a morale issue when workers find themselves being supervised by someone whose only qualification is seniority with the agency.

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Although educational background and experience in the field is essential, supervision requires specific skills. Clear and consistent guidelines for acceptable styles must be developed, and training opportunities for supervisors created. An investment by an organization in the selection of well qualified people to provide supervision, and the provision of appropriate training for supervisors would be enormously helpful as a strategy to retain qualified staff (Harrison, 1980; Vinokur-Kaplan, 1991; Sharma 1997).

Two prior reports commissioned by the Alberta government have contained strong recommendations about supervision. Thomlison (1984) recommended that the issue of quality supervision needed to be addressed. Cavanagh (1983) commenting on problems with supervision said, "*We recommend that there be other means of*

rewarding and advancing capable front-line workers than promoting them to administrative positions."

Some front line workers commented that supervisors have too little experience and understanding of the work, and that they are often too preoccupied with administrative demands on their time to be available for consultation. Although many workers spoke positively about the support they receive from supervisors, several survey respondents commented on the unavailability of high quality clinical supervision, which is seen by staff as an essential component of good practice. Supervisors themselves frequently express frustration with heavy loads of administrative responsibilities, and the difficulties of supervising staff who lack the "*educational building blocks*" for good social work practice.

Although many workers spoke positively about the support they receive from supervisors, several survey respondents commented on the unavailability of high quality clinical supervision, which is seen by staff as an essential component of good practice.

Currently the sheer numbers of new, inexperienced staff has put a very heavy load of responsibility on supervisors throughout the system. Although enthusiastic about the Trainee program, supervisors commented that they are often unable to meet the project requirements while managing their own workload and environmental conditions. '*The biggest issue is the large workload that the unit faces, thus our inability to take the time to provide the trainee with the necessary coaching, support and direction.*' The current reality is that at any given time, somewhere in Alberta there are child welfare supervisors carrying caseloads due to staff vacancies.

4. Complexity of Practice

The enormous responsibility placed on a child protection social worker is rarely appreciated by those who have not been in the position of denying frightened and angry parents the right to custody of their child, or deciding whether a crying child who is clinging to a parent will be safe with that parent when there has been a report of maltreatment.

Social work practice in child welfare is complex and very demanding. It requires intelligence, judgment, and the ability to make profoundly important decisions. It is often discouraging, always challenging, and occasionally hugely rewarding. The enormous responsibility placed on a child protection social worker is rarely appreciated by those who have not been in the position of denying frightened and angry parents the right to custody of their child, or deciding whether a crying child who is clinging to a parent will be safe with that parent when there has been a report of maltreatment. Decisions made by child protection staff can have life-altering consequences for the children for whom they are 'in loco parentis'. Very few people in our society see the desperation, and the massive, intensive need that child welfare workers see. The task is further complicated by the fact that decisions are often made in an environment where politicians, the media, and the general public are likely to criticize a worker's perceived errors in judgement rather than critiquing the system for failure to serve the child in need.

Connecting Complexity of Practice and Caseload Growth

- Children in the child welfare system have more complex needs than in the past.
  - Increased numbers of children with emotional and physical disabilities.
  - Difficulty of 16 and 17 year olds accessing needed services.
  - Increased numbers of older children receiving services for the first time.
  - The importance of finding culturally appropriate services, including placements for Aboriginal children.
- Aboriginal children, who are over represented in the child welfare system, continue to lag behind mainstream society in all aspects of life. The needs of many Aboriginal children are not being met by the child welfare system. The lack of alternative permanent plans for Aboriginal children continues to impact caseload size.
- Current resources and interventions no longer fit with the complex needs of many children. Increased skill and knowledge on the part of all levels of child welfare staff is required.
- The number of children entering the child welfare system exceeds the number of children leaving that system, which has an obvious impact on caseload growth. Case complexity is frequently cited as the explanation.
- Almost 4000 Alberta children are currently under permanent guardianship orders. Legal ties with their parents have been terminated and the state is now their parent. Since the average age of a child at the time a PGO is granted is 9.1 years, these children can expect to spend an average of 9 years 'in care' if a permanent placement is not found.

- The increasing numbers of children under permanent guardianship orders, the impact of the directive regarding the adoption of First Nations children, limited adoption work being done, and the lack of alternative options for permanent plans for those children have resulted in swelling of the child welfare caseload.
- Practice principles which guide the work of qualified staff contribute to good outcomes for children and facilitate timely permanency planning. Current workload standards do not reflect the reality of case complexity. Workers' ability to follow these practice principles and move toward timely case closure is thus compromised.
- Supervisor to social worker ratios do not reflect the workload demands, thus limiting the possibility of positive outcomes for children.

Difficulty if Achieving Good Outcomes for Children

Practice has changed over the years, as more research and experience in the field has been accumulated, written about and taught. Modern child protection work is based on the recognition of strengths in families, on empowering families to learn good parenting, on partnering with families to solve problems, but at the same time ensuring that children are safe. Good practice, based on sound evidence, can make a positive difference to children and families. Poor practice can further victimize those who are already in difficulty, and reinforce negative ideas about a world that many have already experienced as hostile and uncaring. Poor practice at the front line often happens in the face of inadequate education and/or training, poor organizational climate, lack of quality supervision, high caseloads, lack of resources, etc. to the detriment of vulnerable children and families (for example, Kamerman and Kahn, 1990; Steinhauer, 1991; Pelton, 1989). When good outcomes are not achieved, children may not receive appropriate services, and they may come back into the system several times. Forty-four percent of all child receiving services in Alberta, for example, have had a child welfare file previously opened.

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Aboriginal Children and Families

Aboriginal children continue to lag behind mainstream society in all aspects of life from the time of conception, through childhood and adolescence (First Nations Health Bulletin (FNHB), 1999). The following data points to many challenges faced by Aboriginal children and youth in Canada.

- 4% of Aboriginal children are in the care of child welfare authorities, compared to .8% of all Canadian children (The Canadian Institute of Child Health (CICH), 1991 referenced in FNHB, 1999).
- 24% of Aboriginal families are headed by lone parents, compared to 13% for Canadians (FNHB, 1999).
- Aboriginal children in Canada are seven times more likely than non-Aboriginal children to live with someone other than their parents. In 1996, more than 10% of Aboriginal children under the age of 14 years were not living with their parents (Statistics Canada).
- 50% of Aboriginal children living either on or off reserve are living in poverty (RCAP, Vol.3.Pg 167 referenced in FNHB, 1999).
- The rate of suicide among First Nations adolescents is up to seven times the national rate (CICH, 1991 referenced in FNHB, 1999).
- Alcohol and substance abuse are the single greatest health problem for Aboriginal people (Royal Commission on Aboriginal Peoples (RCAP), 1993).
- According to the Addiction Research Foundation, one in five Aboriginal youth sniffs solvents or gas to get high; one-third of solvent abusers are under 15, and more than half began using solvents before the age of 11 (FNHB, 1999).

The Assembly of First Nation Health Director, Allen DeLeary (quoted in FNHB, 1999) says "*A comprehensive child health policy framework does not exist at this point and there is a great deal of work to be done in examining (First Nation) children's health issues. We can begin by addressing the socio-economic, environmental and housing situations of First Nations families. Overall, there is a lack of programming and support for children between seven and twelve, there's an urgent need for a suicide prevention strategy among children and youth, and there's a lack of recreational opportunities for our youth.*"

Implementation of a comprehensive mental health strategy and a children's health framework are two of the six nationally based health priorities tabled in the document "First Nations Health Priorities – Federal Budget 2000" (FNHB, 1999). Recommendations include a combination of policy development and health promotion initiatives in the areas of safety and welfare of children 7-12, mental health initiatives, Aboriginal Head Start programs (on-reserve); and FAS/FAE Prevention strategies.

Children With Complex Needs

Children with complex needs were identified as a reason for caseload growth by a vast majority of people consulted during this project. Respondents spoke to an increase in the number of children with FAS, disabilities, ADD, behavioral and mental health issues. However, there is no requirement to record elements of the child's complexity on the child welfare information system and the field on CWIS to document such information is discretionary and seldom used.

Overwhelmingly, "*Nature of difficulties of children and families requiring child protective services*" was identified by survey respondents as the factor causing the most significant caseload growth. Examination of recent child welfare literature and consultation with additional staff members confirm the fact that older children are entering the child protection system for the first time and with more severe problems than in the past. In Alberta, youth ages 14 and 15 years constitute the largest age group receiving services (CWIS). Many files are being opened for the first time when children are in adolescence. Fifteen percent of all new cases opened in 1999/00 involved children over the age of 15.

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Recently the Ma'Mowe Capital Region CFSA reviewed the situation of almost 1000 children with permanent guardianship status in their region. Almost half (44%) of these children are between 14 and 18 years old. As evidence of the prevalence of serious problems, it is reported that half of these children have diagnosed or suspected Attention Deficit Disorder, and half have diagnosed or suspected Fetal Alcohol Syndrome or Fetal Alcohol Effect. Twenty percent have diagnosed or suspected depression. Many have learning disabilities, speech and language problems and developmental delays. Although many professionals suggest that these diagnoses are generally over used it is clear that these children have some major problems in living.

Examination of recent child welfare literature and consultation with additional staff members confirm the fact that older children are entering the child protection system for the first time and with more severe problems than in the past.

This same Region has identified a group of "hard to serve" youth who are alcohol and drug addicted, involved in prostitution, frequently AWOL and have had repeated placements in secure treatment. Many of these children had multiple screenings and investigations before their files were actually opened. Twenty-seven percent (9) children had more than ten screenings/investigations and one youth actually had 35 over a number of years before a file was opened.

A survey completed by 112 supervisors in 1998 indicated that 90% of the supervisors identified symptoms of stress within themselves that they believed were related to their work with victims of trauma, abuse or crisis. Almost half described incidents when their own personal safety was threatened, 27% had been the victims of physical attack and 62% had the experience of a verbal attack or threat (J. Gaboury, Personal communication).

Services to Children With Disabilities

A high number of children with a full range of disabilities are receiving child welfare services (Bruce Uditsky, Alberta Association for Community Living. Personal communication). New technology and medical interventions have helped more disabled children to live longer than in previous years. There is an increase in mental disabilities. One-third of the population with mental handicaps also have a severe mental illness (Supervisor, Services to Persons with Disabilities). Many question the expertise of staff to properly serve these children.

Particular attention needs to be given to planning for youth with disabilities reaching the age of majority and requiring adult services.

In many cases, families do not receive assistance with the disability because of the child protection worker's focus on protection issues. Staff in Services for Children with Special Needs (CSN) previously known as Handicapped Services (HCS) have specialized knowledge and skills in supporting families with disabilities and families could be more effectively helped through a partnership between child welfare and HCS. Such a partnership was recommended in a Special Case Review (2000). In some cases, child welfare involvement might even be terminated if adequate supports could be provided to the family by HCS. Particular attention needs to be given to planning for youth with disabilities reaching the age of majority and requiring adult services.

Child protection concerns may exist regarding a child receiving Children with Special Needs (CSN) services. A child receiving protective services who has a disability may qualify for CSN services. In both programs there are children who require transitional planning from Children's Services to Adult Services who may qualify for services provided by Person's With Developmental Disabilities (PDD). To facilitate better services to disabled children and their families, a Joint Protocol among Child Welfare, Children with Special Needs and Persons with Developmental Disabilities has been developed in the Calgary Region (2000).

Services to 16 and 17 Year Olds

As resources become less available, older teens are seen as less of a priority for service.

Inadequate service provision to 16 and 17 years olds who are at risk is a longstanding issue, and has been identified repeatedly in the Annual Reports of the Office of the Children's Advocate, among others. Many 16 and 17 year olds have difficulty in accessing services as they are refused status or services or because of lack of resources. Some, with or without child welfare status are homeless (Personal Communication, Youth in Care Network). Many of these youth do not fit into traditional programs and refuse to follow the case plan or participate with the social worker, although in desperate need (Herbert and Kinjerski, 1998).

Services to 16 and 17 year olds under the Child Welfare Act have been the subject of several provincial reviews and policies (Services to 16

and 17 Year Olds, 1992; Reshaping Child Welfare, 1993; Alberta Family and Social Services Annual Report 1993-94; Children in Need, Transfer from Adult Services to Children's Services, 1997). The results of a provincial review of services to 16 and 17 year olds found that the primary issue was the perception of a "shrinking mandate" to serve people through Child Welfare. As resources become less available, older teens are seen as less of a priority for service. The major finding of this report was on the need for a coordinated approach to providing services to 16 and 17 years olds to prevent youth from falling through the gaps (Alberta Family and Social Services, 1992). This concern was echoed by staff from the Youth Secretariat, "*Adolescents are seen to be the most expendable. As caseloads increase, services to youth are reduced or closed and, expectations are increased.*"

In 1994, Alberta Family and Social Services (AFSS) implemented new policies regarding services to youth. Youth asking for financial benefits through the welfare program were to be investigated to determine whether they were in need of child protective services or whether their families could meet their needs. Further, in 1995, AFSS directed that (new) sixteen and seventeen-year-old youth living independently would no longer be eligible for financial support through Supports for Independence (welfare). Rather, they would be referred to child welfare.

Adolescents are not being properly served. The issue is not whether we serve youth, but how we serve them.

Although many people consulted throughout this project spoke to the lack of appropriate services for this age group, others spoke to the number of youth who were still not able to receive services. Staff from the Youth Secretariat suggested that at this point, "Adolescents are not being properly served. The issue is not whether we serve youth, but how we serve them." Given that 14 and 15-year-old youth constitute the largest group receiving child protective services, one would expect the demand for services to 16 and 17-year-old youth to continue.

Permanent plans need to be made for all children in care, but particularly those children who are under the permanent guardianship of a director.

An expected outcome of the Alberta Children's Initiative (undated) is that "*youth are successful in the transition to adulthood*". It is hoped that the recent development of a Youth Secretariat will facilitate positive outcomes for Alberta's youth.

Permanency Planning Alternatives

Permanency planning alternatives have not kept time with changes experienced in child welfare. Options need to ensure permanency for the child/youth, while at the same time allowing for flexibility, contact with family, financial and other support.

Permanent plans need to be made for *all children in care*, but particularly those children who are under the permanent guardianship

of a director. Of all the children in care, 60% are under permanent status. Of these 3920 children, 57% are Aboriginal and 47% are over the age of twelve. Legal ties with their parents have been terminated and the state is now their parent. Most of these children are in out-of-home care. Some are in supported independent living situations, a few are living with their families, but the vast majority are in foster homes, group homes and residential facilities.

Currently, the average age of a child, when permanent guardianship is granted, is nine years and one month (9.1 years). This age has remained relatively constant over the last ten years. These children will spend an average of 9 years 'in care' if a permanent placement is not found.

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For a range of reasons, many children who are permanently under the care of the state remain in temporary living arrangements. Many children are considered hard to place; adoption is not considered as a viable option for many children; cultural issues delay permanency for some children; and the system seems reluctant to convert long-term foster homes into adoptive homes, even when permanency has been achieved for the child and the foster family. **Whatever the rationale for these children remaining in temporary situations, the fact is that there are significant numbers of young children who are under permanent guardianship living in out of home care with little possibility of returning to their biological families, and for whom no permanency plans are in place.**

Whatever the rationale for these children remaining in temporary situations, the fact is that there are significant numbers of young children who are under permanent guardianship living in out of home care with little possibility of returning to their biological families, and for whom no permanency plans are in place.

"First Nations have viewed adoption as erosion of family, community and the right to collective decisions around the welfare of their members" (AFSS, 1999). The experience of some First Nations, that consultation for each First Nations child being placed in an adoptive home as required by legislation and policy, was not occurring. In recognition of this view and experience, Alberta Family and Social Services (AFSS) introduced the First Nations Adoption directive in 1997, that required the consent of Chief and Council for the adoption of First Nations children by non-Aboriginal families. In 1997/98, five First Nations children were placed for adoption (AFSS, 1999).

As Status Indian children make up the bulk of Aboriginal children in the child welfare system, few Aboriginal children are being placed for adoption. Although the average age at the time PGO status is granted is 9.1 years, several are much older when a PGO is granted. Coupled with the complex profiles, adoption is not considered a preferred option.

In 1993, the Children's Advocate reported ". . . adoptions involving Native children may be vulnerable to dissolution. The secrecy, which shrouds the process, limits the possibility that the child will be able to re-establish contact with his/her home community or family. Openness

in adoption is therefore, an even more urgent issue for Native children." (Children's Advocate Report, 1993)

Recent CWIS information indicates that Permanent Guardianship Orders tend to be granted on behalf of Aboriginal children at a younger age than non-Aboriginal children and Aboriginal children tend to stay longer in care than non-Aboriginal children, so there is urgent need to work with the Aboriginal community to try to move these children in to permanent placements. Kinship care, custom adoption, long-term foster care and subsidized private guardianship are options to be considered in addition to adoption. Ways need to be found to facilitate the approval of a range of Aboriginal homes that meet the unique needs of Aboriginal children and keep these children safe and well.

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Return to Care of Biological Parent

Return to care of biological parent may be an option, particularly for older children who have been in the system for a long time without a permanent placement. Often the initial reason for apprehension (and bringing of the child into care) is no longer relevant. For example, a child who was too young to be left alone may now be in his youth and quite able to 'take care of himself'. Or, the child's parents may have changed over the years and may now be in a position to provide care for their child. An example was given by a First Nations director of an older child being returned to the biological parent, the PGO subsequently rescinded, and the family supported to raise their child.

Adoption

Adoption is an important option, which should always be considered as part of permanency planning. For a variety of reasons, adoption is often not viewed as a viable permanency plan by child welfare staff in Alberta (Child Welfare League of Canada, 1997; Herbert and Kinjerski, 1998). Although there are always children available for adoption and families ready to adopt, limited adoption work is done. Reasons for this situation relate to differing values, inadequate resources, other priorities (Adoption staff – Personal Communication; Child Welfare League of Canada, 1997; Herbert and Kinjerski, 1998).

Some child welfare workers retain the view that beyond a certain age, adoption simply will not work, or that adoption breakdown is too much of a risk. With specific review and accountability mechanisms lacking, the individual biases of the social worker involved may be influencing the future of a child.

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An additional concern expressed by some workers (through the consultation process and survey) is that the recent tendency of the courts to grant access to natural parents when PGO is granted is proving to be a barrier to adoption placement for some children and

prospective adoptive parents. In some parts of the province this is described as "a huge problem." In some situations, continued access with the natural family (even though guardianship is terminated) is appropriate. Concern was expressed however, that in some cases, access was used as a bargaining tool in obtaining the permanent guardianship order. In other cases, it was just identified as a barrier to permanency for some children.

Although court issues have not been identified as a major contributor to caseload growth, they have been identified by some as a issue of concern. Hopefully these concerns will be addressed by the Unified Family Court Task Force that is currently in the process of public consultation regarding the accessibility and responsiveness of Family Courts.

Custom Adoption

The cultural practice of a child being raised by a person who is not the child's parent, according to the custom of the child's band or community is known as *custom adoption* (Kumpf, 1999). The legitimacy of custom adoption is recognized in some Canadian provinces that facilitate permanency planning for the child and continuing ties with the biological parent. If Alberta followed suit, permanency planning could be facilitated for some Aboriginal children. Along with the implementation of a 'custom adoption' program is a need to reexamine the benefits (financial and other supports) provided through the Post Adoption Support program. Many people during the consultation process have said that the cut-off rates for subsidy are far too low. For example, an adopting family of four is eligible for basic maintenance if their gross annual income is less than $34,481 (Post Adoption Supports Fact Sheet, 1991).

The legitimacy of custom adoption is recognized in some Canadian provinces that facilitate permanency planning for the child and continuing ties with the biological parent. If Alberta followed suit, permanency planning could be facilitated for some Aboriginal children.

Subsidized Private Guardianship

Subsidized private guardianship is a method of establishing permanence for children 'in care' where reunification or adoption is not feasible, has been adopted by several states in the U.S. (Beatty and Wilson, 1995). Under subsidized guardianship, children are discharged from the care of the state to the care of the individual assuming guardianship. A subsidy and, in some cases, support services are provided to the family.

It appears that in at least some jurisdictions the development of subsidized guardianship programs was motivated by the burgeoning numbers of children being cared for in kinship care (Thorton, 1991 referenced in Pellatt, 1997). Subsidized adoption is viewed as a way of establishing permanence for children in kinship placements by moving them out of care and into the guardianship of their caretaker relatives. It is also perceived as a means of reducing swelling foster care roles and costs (Pellatt, 1997).

While a private guardianship order can be obtained (in Alberta) under the Domestic Relations Act, there is currently no means to financially subsidize and support families willing to make this commitment. Further, the Domestic Relations Act does not allow for application for private guardianship on behalf of children under the permanent guardianship of a child welfare director.

The results of a study completed for Alberta Family and Social Services suggest that subsidized guardianship is a positive means of establishing permanency for some children in long term care (Pellatt 1997). The study recommended that a range of subsidized guardianship programs be developed to meet the needs of children and those assuming guardianship responsibilities.

Long-Term Foster Care

What is not always appreciated is that for many of these children in long-term foster care, permanency has already been achieved.

Many children under PGO are said to be in permanent placements, perhaps with their foster parents or extended family. Although some of these families are not prepared to adopt these children (for cultural or other reasons), they are prepared to provide a permanent home and continued contact after they reach the age of majority. Since many of these children have special education and medical needs, the costs of raising them, are beyond the budgets of most families. Other than continuing to collect foster parent payments, there is no way to receive financial support. Implementation of subsidized private guardianship, a program similar to Post Adoption Support, would facilitate permanency planning for some of these children as well as provide necessary financial support. What is not always appreciated is that for many of these children in long-term foster care, ***permanency has already been achieved.***

Kinship care enables children who cannot be cared for by their parents to be protected from abuse and neglect while at the same time having their needs met by family.

Kinship care refers to the full-time nurturing and protection of children who must be separated from their parents by relatives, members of their tribes or clans, godparents, step-parents, or other adults who have a kinship bond with the child (Child Welfare League of America 1994).

Responding to the ever-increasing need for out-of-home placements and recognizing the importance of family, the use of kinship care has grown throughout North America. When appropriately assessed, planned for and supported, kinship care is a placement resource that has benefits for children and reflects the principles of child-centered, family focused casework practice (Kinjerski 1998).

Kinship care enables children who cannot be cared for by their parents to be protected from abuse and neglect while at the same time having their needs met by family. In addition, many people consulted on this project suggest that the use of kinship care and subsidized private

guardianship is a winning combination for children in need of long-term permanent placements.

Although Alberta does not yet have a formal program, the concept of kinship care is delivered through regional initiatives such as Caring Families. A range of policy and practice issues have arisen as a result of the lack of formalization of the program in Alberta and elsewhere. Included are: financial payment to the kinship parents; support to the child, kinship parents and birth parents; permanency planning; and assessing, monitoring and supervision of kinship homes (Gleeson and Craig, 1994).

The First Nations Directors advised that a further complicating factor is that in its funding of First Nation agencies, the Federal Government only recognizes programs delivered within the context of provincial policy. Because kinship care is not a formal program in Alberta (with standards and policy), the federal government does not recognize kinship care as an out-of-home placement in their funding of First Nations agencies.

Perhaps the most compelling reason for the support and further development of a kinship care model is the promise this placement option holds for cultural congruity for the large number of Aboriginal children in the care of the state, although the concept of kinship care is a valuable option for all children, regardless of culture (Herbert and Kinjerski, 1998).

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Permanency Planning Strategies for First Nations Children

Permanency planning strategies identified for First Nations children (AFSS, 1999) include:

- early intervention/prevention,
- early notification and involvement of the First Nation,
- ability of a band designate to act on the band chief's behalf,
- increase the capacity of the family ties program (services that help strengthen connections to families, communities and culture),
- implementation of a formal kinship care program,
- amend the Child Welfare Act to include customary adoption,
- open adoptions, where all parties know one another,
- mediated access agreements between the adoptive family and the child's band of origin after the adoption is finalized,
- expansion of post adoption support to cover costs to maintain cultural ties, and
- the development of an exceptions committee to ensure that permanency planning occurs for First Nations children who are in care.

Need for Accountability for Permanency Planning

Much has been heard about the large numbers of children in the child welfare system for whom no permanent plans are in place. It is important to remember the importance of permanency planning for children who are in temporary care as well as those in permanent care. The child welfare literature provides convincing evidence that the chances of successful return home diminishes significantly if a child is in out-of-home placement for longer than eighteen months. Permanency planning therefore takes on a special urgency for children in temporary care. In particular, the files of children who have been in temporary care longer than the legislated three year maximum need to be reviewed.

The child welfare literature provides convincing evidence that the chances of successful return home diminishes significantly if a child is in out-of-home placement for longer than eighteen months.

Clearly leaving these children "in limbo" is contributing to the size of the provincial caseload. This is an issue that was clearly identified in the Bagley Report (1991), Children's Advocate Report (1993) and the 1997 report of the Child Welfare League of Canada (Review of Alberta's Adoption Delivery Structure). A comment from the latter report referred to the issue of permanency planning. "*The most critical area for immediate attention is the case management of children in care. The lack of a case management review for those children under permanent guardianship is a serious gap in accountability.*" One of the major recommendations of that report referred to the immediate need for "*...a periodic quality assurance review of the status of children in care .....to ensure that case plans are developed within appropriate time frames and with the goal of maintaining or establishing permanent nurturing relationships.*" One remedy is to develop review boards to monitor children in care. Such boards would include community members, which would not only inject some public accountability in to the system, but would be very congruent with Alberta's model of community-based service delivery.

Permanency planning therefore takes on a special urgency for children in temporary care. In particular, the files of children who have been in temporary care longer than the legislated three year maximum need to be reviewed.

Shortage of Appropriate Resources

An ongoing dilemma that negatively affects practice is the chronic shortage of treatment resources to meet the varying needs of children in care. Out-of-home placement resources are also in short supply, and there needs to be serious rethinking of the way foster parents are recruited, trained, remunerated, and supported by the system (Herbert and Kinjerski, 1998). A supervisor commented, "*Good practice is impeded by lack of resources. You can't ask people to do a job and then not give them the tools.*"

Good practice is impeded by lack of resources. You can't ask people to do a job and then not give them the tools.

- A supervisor

An increasing number of children in need of protective services who required out-of-home care, combined with a deficit in placement resources has resulted in a critical shortage of placement services. An Out-of-Home Placement Project was initiated in 1997 to describe a placement continuum to meet the needs of individual children

requiring out-of-home care and to make recommendations to address the placement crisis. The following recommendations were given to address the barriers to effective placements. Strategies were attached to each recommendation.

1. Reduce the number of children requiring out-of-home placements through early intervention and supports for families at risk.
2. Support and strengthen natural families to maximize the possibility for each child in out-of-home placement to have a safe and timely return home.
3. Create permanent options for children who are subjects of permanent guardianship orders.
4. Expand and enhance placement options for children requiring out-of-home care.
5. Encourage and support service providers, including caregivers and social workers, to focus their work on providing the best possible service to children and families (Herbert and Kinjerski, 1998).

Shortage of local resources in First Nations and rural areas requires children and families to travel long distances in order to access appropriate services.

Shortage of local resources in First Nations and rural areas requires children and families to travel long distances in order to access appropriate services. For children requiring out-of-home placements, it often means that they need to move from their community.

Workload Standards

Workload standards describe the approximate time needed, on average, for a child welfare worker to perform a specific service. A standard is not absolute, but the mid-point in a range of possible time allotments. The range depends on a variety of case and worker factors such as case stability, resource availability, worker competence and specialization (Child Welfare Services, Program Management).

A workload standard exists for each major child welfare activity or service. Staff state that the workload standards are inadequate and not a true representation of the time required to do quality child welfare work. For example, 3.1 hours are allotted per month to work with a child and family under a Support Agreement with Guardian, 5.9 hours to work with a child under a TGO or PGO, and 1 hour per month to provide post adoption services to an adoptive family of a child with special needs.

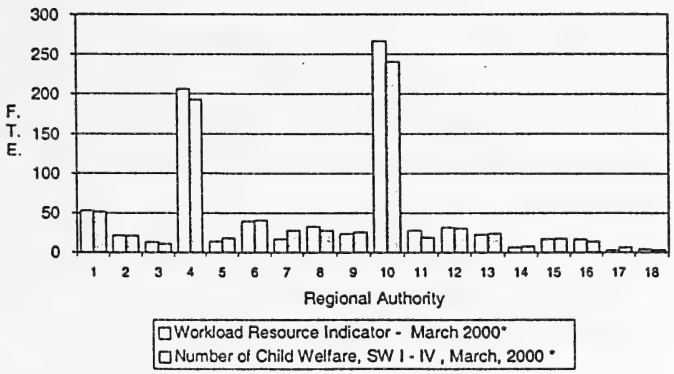
A joint working committee of A.U.P.E., CFSAs and department staff, formed to review workload standards, has recommended that the hours allotted per activity be revised. It is recommended that the majority be increased. The committee's findings about the significant pressures resulting from the rapid growth in caseload are very congruent with

the findings of this study (Workload Standards Development Project – Final Report (undated) Children's Services Web-site).

Information from CWIS regarding the current caseload, combined with workload standards, determine the numbers of staff required. This number is then compared with the current number of child welfare positions. Staffing needs vary depending on the fluctuations in the caseload. Particularly with the constant increase in caseload, staffing seldom keeps up with the work demand. A snapshot in March 2000, showed that 779 child welfare staff were available to meet the demands of 813 positions. In July and August, a time when many children in care are returned home, the number of workers was often higher than the workload standards. However, this is generally a time than staff take vacations, likely resulting in fewer workers actually available to meet the workload demand.

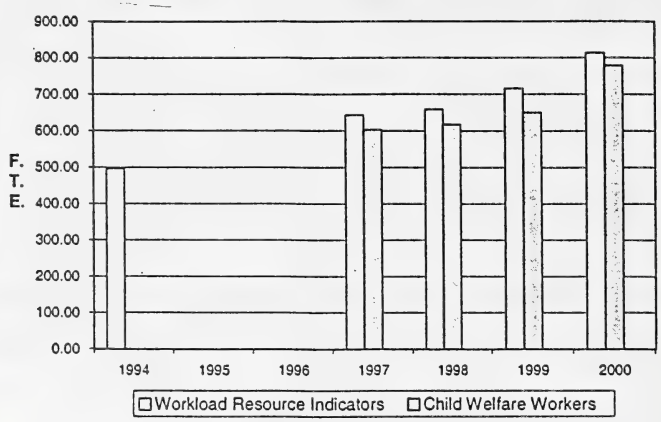
Note: These are not yearly averages, but a snapshot in March of each year and general conclusions should only be made after reviewing more data.

Child Welfare Workload Indicator
Staffing Report As of March 31, 2000



Information provided by Human Resources and Employment.
Indicator does not include allocation of crisis unit position and does not count crisis unit staff.

Workload Resource Indicators



Information provided by Human Resources and Employment
Indicator does not include allocation of crisis unit positions and does not count crisis unit staff.

Currently in Alberta, the size of individual caseloads looms very large as a practice issue with front line staff.

Currently in Alberta, the size of ***individual caseloads*** looms very large as a practice issue with front line staff. Those who responded to the survey, and many others with whom we spoke in various parts of the province confirm this. Staff state that they have little time to spend with individual children, and that good work with families in preparation for returning a child home is almost impossible. Consequently, permanency planning for children is often put on hold, particularly if the child is in a stable placement. This is an important practice issue, which negatively impacts children and families, as well as child welfare staff, and certainly contributes to caseload growth. In the U.S., standards have been developed that allow staff more time to provide services to children in permanent placement. The premise is that reducing length of stay in substitute care by focusing more attention on these children will have a major impact on overall caseload size (California SB 2030 Study, 2000). In Nova Scotia, for example, the standard for caseload size is an average of 20 cases and additional staff is being hired to meet this standard.

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Crisis Orientation

In response to the ever-increasing demands of children and families and extreme staff turnover, many child welfare staff advise that they operate continually in crisis mode. One long-term manager described workers who once had good practice skills who have been busy 'putting out fires' for such a long time that they have lost the ability to focus on good long-term outcomes for children. An example was given of a new worker who signed a Custody Agreement because she did not think that she should take the time required to work with the family, assess the strengths and needs of the child and the family, and support them to work on keeping the family intact. When questioned

In response to the ever-increasing demands of children and families and extreme staff turnover, many child welfare staff advise that they operate continually in crisis mode.

by her supervisor she replied, "*I didn't know what to do. The family was fighting and wanted the child out. I only knew how to sign a Custody Agreement, so that is what I did.*"

Death of Children Receiving Child Protection Services

The death of a child receiving child protection services is a tragic event that creates enormous stress for those who have known and worked with the child. In many jurisdictions across Canada, the death of a child in care has been identified as a factor in caseload growth.

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In Saskatchewan, increased awareness or publicity has been identified as one factor in the increase in caseload, following the death of a child in care. In Ontario, public awareness, particularly in the last three years was heightened by the establishment of the Child Mortality Task Force, publication of a series of articles in the Toronto Star, publication of a series of coroner's inquests, and the recent death of an infant whose mother was living in a women's shelter.

In Alberta, supervisors report that following the death of a child, staff have a tendency to apprehend more readily and are more reluctant to return a child home. A senior manager in Children's Services recalls clearly the message given to staff following the death of a child receiving child protective services, "*If a child dies in care and staff have not done everything possible, that worker would be held responsible.*" It is this manager's opinion that social workers responded by bringing children into care far too quickly. Several respondents mentioned the impact on staff across the province of the firing of a long-term supervisor following the tragic death of a child.

5. Move to Community-Based Services

There is a great deal of support in the literature for community based service delivery, as concerned professionals, policy makers and elected officials seek ways to deliver effective services to a burgeoning number of troubled children and families.

When founded on the ideology of citizen and consumer empowerment rather than with the goal of reducing welfare state expenditures, community-based service structures tend to decrease bureaucratization, increase community and consumer control, and encourage service responsiveness. Those who argue against this model of service delivery talk of geographic differences and the complex need to achieve equitable distribution of resources; problems related to service coordination, and the challenge of accountability when services are not centrally monitored. However, there is a great deal of support in the literature for community based service delivery, as concerned professionals, policy makers and elected officials seek ways to deliver effective services to a burgeoning number of troubled children and families. Both the support for and the concern with children's services being provided at the community level identified in the literature was repeated throughout the consultation for this study.

Farrow (1998) suggests that, "*...child protection agencies alone cannot keep children safe. Only if parents, families, friends, schools, houses of worship, doctors, police officers and others are committed to child safety can children really be protected. Families keep children safe – and the likelihood that families can nurture their children increases markedly when parents have the income, the opportunities and the supports they need. In short, child safety is much more likely when families are strong and when families live in supportive communities.*"

Connecting the Move to Community Based Services and Caseload Growth

- When services are delivered at the local level there is increased visibility and accessibility, which in some areas, has resulted in child welfare referrals, and consequent increase in the child welfare caseload. In some communities, this represents a positive response to previously unmet child protection needs.
- The delivery of services by First Nations agencies and Metis Settlements Child and Family Services Authority (Region 18) to their own communities has increased the trust and familiarity of community members who are now more likely to make referrals to these agencies, resulting in caseload growth.
- As more community agencies are involved in providing early intervention services, children referred to child welfare are more likely to be those who require complex and costly interventions, while staying longer in the system.
- The fact that services are now delivered from eighteen different Regional Authorities and sixteen First Nations agencies means that there are varying interpretations of the child protection mandate, which may have an impact on caseload growth.

- First Nations agencies and rural CFSAs find it difficult to offer a complete range of services within their boundaries, which impacts the possibility of permanency planning.
- Integrated service delivery is essential to support the healthy development of Alberta's children. Children continue to 'fall between the cracks' because of failure to achieve true integration among the various Ministries providing services to children.

Delivery of Child Welfare Services by First Nations Agencies

Delivery of child welfare services by First Nations agencies has been a very positive move for First Nations people. The proximity of agencies to their community has brought services closer to home and significantly improved the level of trust of service recipients. An Aboriginal social worker commented, "*The First Nations agency tends to be the first place folks go for assistance.*"

The importance of First Nations agencies delivering child welfare services to their own children and families was formalized through the signing of Child Welfare Agreements with First Nation agencies. The Blackfoot (Siksika)-Canada-Alberta Child Welfare agreement was the first agreement signed in 1973. This was followed by agreements signed with Lesser Slave Lake Indian Regional Council in 1983 and Yellowhead Tribal Services Agency in 1985. Several agreements have been signed since and now sixteen First Nation agencies deliver or manage services on behalf of 38 First Nations.

Under most of these agreements, delegations are provided from the Ministry of Children's Services to the First Nations agency to provide the full range of child welfare services within the boundaries of their reserve. Services are consistent with child welfare legislation and Ministry standards (Director, First Nations agency).

Once the Child Welfare Agreements are signed between the province and First Nations agency, Indian and Northern Affairs Canada (INAC) funds the agencies directly. Funding is for the provision of Child and Family Services on-reserve, including foster care payments and the agencies' administration and operating costs (Aboriginal Child Welfare, CWH, 1997). Frustration has been expressed by First Nations agencies about the different funding models that exist between the province and the federal government.

Many First Nations children are in placements off-reserve. When First Nations agencies take over the delivery of child welfare services, they take responsibility for their children who are often 'in care' in off-

reserve placements. However, because the agencies do not have a range of out-of-home placements, many of these children must remain off-reserve. Like many rural CFSAs it is difficult to offer a complete range of services within their boundaries.

Over one-half of the Child Welfare Agreements have been signed since 1996. First Nations agencies advise that generally, within two years of taking over service delivery, the caseloads double (First Nations Liaison Manager). Visibility of services, trust, and less fear of losing their children are given as reasons for increased referrals and families seeking support, thus leading to caseload growth. Although some of these agencies are new and longitudinal data is not available, information from CWIS indicates that this increase is permanent.

A national policy review on behalf of The First Nations Child and Family Services was completed in March 2000 under the joint management of the department of Indian Affairs and Northern Development (DIAND) and the Assembly of First Nations (AFN). The final report is expected soon. The intent of the review was to identify possible improvements to current policy regarding the development and operation of First Nations Child and Family Service agencies that provide child and family services. The following issues were identified as part of the review:

- *Agency Governance and First Nation Child and Family Services*

  Practices vary considerably from agency to agency and from region to region in the manner in which agencies organize themselves and conduct their business.

- *Legislation and Standards and First Nations Child and Family Services*

  First Nations child and family services agencies are required to have delegated authority from provincial governments in order to receive funding from either DIAND or provincial authorities. Provincial legislation and standards directs the manner in which services are provided.

- *Communication Issues and First Nations Child and Family Services*

  There is a need to develop cooperation and understanding of agency issues among First Nations governments.

- *Funding issues and First Nations Child and Family services*

  A funding formula is used to provide equity, predictability and flexibility in the funding of First Nations Child and Family Service agencies. Since its implementation, the field of First Nations child and family services has changed dramatically resulting in the need to examine its suitability.

Resolution of these issues will go a long way to improve the way services can be provided to First Nations children on-reserve.

Transition to the Child and Family Service Authorities

Transition to the Child and Family Service Authorities has not been easy, and progress toward the goals of the Children's Services initiative (1994) continues to be uneven, although most people agree that the province is going in the right direction in terms of services to children and families.

Staff report that the introduction of the concept was confusing. For many, the initial decision not to involve existing staff in the redesign set up strong resistance. The announcement in 1995, that employment would not be guaranteed after the transition, left staff with a sense of betrayal. Some proponents of the new model in Alberta believed and continue to believe that it was staff and bureaucratic incompetence that destroyed the system, and that giving all responsibility to "the community" will make it all right, a position which further undermines staff morale. Many staff point to the uncertainty of child welfare in Alberta, their lack of inclusion in the transition process, and the understanding that they would no longer have employment as significant factors in the increased turnover during this same period.

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Integration of Services

The redesign of children's services was based on "four pillars" (Integration, Aboriginal Services, Early Intervention and Community based services). The Government of Alberta recognizes that integrated service delivery is essential to support the healthy development of Alberta's children. The Ministers of Family and Social Services, Health, Education, Justice and Community Development, together with the Minister Without Portfolio Responsible for Children's Services signed a 'Statement of Commitment' to implement the Business plan for Alberta's Children which would see all ministries working together for children (The Alberta Children's Initiative: An Agenda for Joint Action, undated).

Consultation across the province clearly indicates that integration of services for children is not happening. As Coopers and Lybrand (1998) pointed out, "*Stakeholder Ministries have been focused on cost containment, jurisdictional and core mandate issues in the face of resource pressures rather than on working cooperatively to address the inter-departmental program and service delivery issues.*" Several examples were given of cases not being adequately served (often as a result of a lack of resources across ministries and a lack of integration of services), thus increasing child protection referrals, the length of time in the child welfare system, and/or the Children's Services expenditures.

"*Real integration of child and family serving mandates and systems must involve departmental, legislative, policy, financial management and staff elements or levels. Most of all, real integration must be politically lead and directed. Failure to act will mean that the availability, quality and comprehensiveness of services to children and families will continue to deteriorate; to frustrate, desensitize and divide staff and community professionals; to outrage the public and the communities who pay for them; and to abandon or even harm the families and children in crisis who depend on them.*" (Walters, 1993)

It is likely that the benefits of the "new way of doing business" will not be evident for several years. Successful outcomes for children depends on the ability of the Regional Authorities to deal with issues such as appropriate funding, staff shortages, unacceptably high staff turnover rates, absence of good permanency planning for children in care, and the complexity of current referrals to the system.

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Early Intervention

Early Intervention was one of the four pillars of the Children's Redesign and represents a commitment to the prevention of problems that generally bring families into contact with the child protection system. If adequately funded, successful early intervention programs can have a positive effect on decreasing the caseload. Several people commented on the lack of appropriate funding to meet the objectives of this pillar. "*When the early prevention program was initiated, funding came from redistributed dollars that was in the system at that time. Since then, no new funding has been allocated to this area.*" (Rural CEO)

There has been strong support throughout the province for the principles of early intervention. When early intervention is effective, local agencies offer supports to at-risk families before they are in the sort of trouble that necessitates a child protection referral. A consequence however is that when early intervention is not successful, there is a risk that difficulties will have become more serious. When child welfare does become involved, the interventions required are more complex and intrusive. These are families that may require more intensive and longer term supports. A supervisor commented, "*The good news is that we have a community base to refer to, but when it doesn't work and we get them back, the child is really broken and often has to come into care.*" Many staff's comments supported this view, suggesting that children receiving protective services have more complex issues when their file is first opened. Further, staff, particularly in rural areas said that, "*It is pretty hard not to open a case (that you had referred to the community previously) when the referring professional says that the early intervention activities are not sufficient to protect the needs of an individual child.*"

There has been strong support throughout the province for the principles of early intervention.

It will require some time and distance to assess the effects of such major organizational changes on the way that services are delivered, and the way they are received. In other jurisdictions, where child welfare services have been decentralized, increased awareness of children's issues as well as local services in the community have led to increased referrals to the child welfare system. It is quite probable that the same reaction will be observed in Alberta. In the City of Winnipeg, for example, "*Decentralization improved the accessibility of services to local neighborhoods, and this led to an increase in self-referrals from families experiencing child welfare problems, and increased identification of abuse and neglect by other service organizations*" (McKenzie 1991). The same author suggests that, "*...increased activity in prevention and early intervention demonstrate that regionalization led to significant improvements in service accessibility in child and family services.*" In Winnipeg, high rates of referral attributed to increased awareness of children's needs peaked the year following the implementation of the new plan, but leveled off in the following years. This trend has been supported in some worksites in Alberta, especially when local offices were opened in the community that it was serving, for example Metis Settlements and Beverly Neighborhood Center (CEO; Supervisor).

It will require some time and distance to assess the effects of such major organizational changes on the way that services are delivered, and the way they are received.

By the time that the Children's Redesign was fully underway in Alberta, there were approximately 7000 volunteers involved in working groups across the province (Alberta Family and Social Service, Annual Report 1995-96). Many have suggested that the increased awareness of community members working on the Steering Committees about child protection concerns has translated into increased referrals. However, provincially, child welfare referrals peaked from April 1993 to March 1995 and then decreased, suggesting that the involvement of volunteers on the Regional Steering Committees did not significantly increase the numbers of referrals.

The pros and cons of establishing eighteen different Regional Authorities continue to be discussed. The scrutiny of caseload has indicated that some of the small regions require services for very few children. Although not directly related to child welfare caseload growth, it does relate to the ability to provide adequate services (which does impact caseload growth) and the cost of doing so. Staff from small CFSAs (mostly rural) have expressed difficulty in providing the breadth of services required as well as the need to go outside of their Regional Authority to obtain services or placement resources. While it is still early in the transition phase, it is an issue that might bear another look.

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Accountability

Accountability is an issue that is prominent in the literature that describes decentralization or moves to a community based service model. It is important that practice and service standards are clear and attainable, that they contribute to good and timely outcomes for children, and that they are comparable across all boundaries. As was noted earlier, good outcomes for children often result in timely closure of child welfare cases.

It is important that practice and service standards are clear and attainable, that they contribute to good and timely outcomes for children, and that they are comparable across all boundaries.

Adequate procedures must be established and monitoring mechanisms put in place. All service providers should be required to conform to these standards, as well as the primary regional employees. 'Accountability' for timely permanency planning for all children in care, for example, would go a long way toward controlling caseload growth.

"*Rural demographics pose considerable problems as well in that service standards in a number of departments must continue to be met, however the population numbers cannot fund those standards. For example, decreasing population in schools means considerably less funding but there is still a need to provide a certain amount of courses, programs, and teachers*" (Rural CEO).

A confounding issue for First Nations agencies is that they are funded by the Federal government, but are accountable to provincial standards and policies. In the opinion of one Aboriginal professional, "*The Regional Authorities are not even held accountable to the provincial standards.*"

G. Caseload Growth in Aboriginal Communities

The Aboriginal consultant to this project received information regarding caseload growth with respect to Aboriginal children through discussions with Aboriginal peoples and focus groups. Meetings were held with the Aboriginal Co-chairs, CFSA Boards; First Nation agency directors; Aboriginal child welfare workers; and urban and rural Aboriginal service providers.

Respondents were asked to describe "what works and what does not work" for Aboriginal children receiving child welfare services and to identify factors contributing to caseload growth of Aboriginal children. They were also asked to comment on the relationship between caseload growth and education, experience and turnover of staff and the move to community-based services.

Given the high number of Aboriginal children under Permanent Guardianship Orders, that is, the permanent care of a director of child welfare, Aboriginal stakeholders were asked to identify options for permanency planning for Aboriginal children. The mobility of Aboriginal people from rural to urban centers has been significant for some time. During the consultation process, stakeholders were asked what types of services would be most effective for this population. Interview participants were also asked for overall recommendations to improve child welfare services for Aboriginal children and families.

Programs within local communities such as First Nations child welfare committees work best.

General themes received through the consultation process are included here. Specific information in regard to Aboriginal children and families is important in all aspects of this study and are woven throughout each of these broad topics.

1. What Works

Early Intervention programs were noted as being particularly effective in reducing the need for child welfare intrusion. One of the strengths of Early Intervention programs is their location in some communities where no prior services existed. A major barrier in the delivery of these programs however is a lack of financial resources to support them. As one person stated: "*We need early intervention. Most PGOs we see are FAS – young parents with addictions. We need more head start programs, stay in school programs, programs in daycare facilities, programs for adolescents.*"

Most interview participants identified the need for an increase in Aboriginal staff and service providers. The involvement of Elders has been viewed as especially beneficial. Programs within local communities such as First Nations child welfare committees work best.

Family support which brings support services to families is working. Extended family care continues to be the preferred option for alternate care. If using foster care however, proper screening and culturally-relevant training of foster families is required. One Aboriginal worker said: "*Working with the whole family is important – extended family and immediate family.*"

The need for ongoing family connection and reconnection is important for Aboriginal children in care. An early intervention worker said: "The assistance provided by First Nations to connect and reconnect children to family and community is valuable."

The assistance provided by First Nations to connect and reconnect children to family and community is valuable.

2. What Does Not Work

Participants from more isolated areas emphasized that there are insufficient resources for programs and services. A supervisor serving an isolated area stated: "There are barriers of distance in northern and isolated communities which makes case practice difficult and policy impossible to follow at times."

Adding to this difficulty is what some participants saw as a lack of respect for differing community standards and worldview. Poverty remains an issue in urban and rural areas. One group discussed how cutbacks in financial assistance (SFI) has created an increase in homelessness – the largest they had witnessed to date. This is compounded by a housing shortage both on and off reserve and settlement. A worker in an urban area stated: "*Poverty is still an issue – families lose SFI if kids are in care and lose homes so kids can't come home.*"

There are barriers of distance in northern and isolated communities which makes case practice difficult and policy impossible to follow at times.

Some participants reported an inconsistency in workers and in approaches from worker to worker. One family support worker reported: "*There is inconsistency from one worker to another how visits are handled etc. Some case managers go out to see the families, others expect the families to come to them.*" One person said that she had met children who blamed themselves for the constant change in workers. They thought the workers left them because "they were bad."

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Court decisions around Aboriginal children may be problematic. In one Regional Authority, workers reported that judges are moving to PGO quickly, especially if families have had child welfare involvement in the past. They also stated that judges do not appear to understand the cultural dynamics of Aboriginal communities.

Some participants saw the dynamics between CFSAs and First Nations as problematic. A comment from the First Nation Liaison staff was: "*First Nation agencies are not treated as equal by CFSAs and their opinions and plans are not respected.*"

For First Nations, a significant difficulty has been funding. Their agreements support protective services rather than prevention. One participant stated, "*The province and federal governments need to advocate for First Nations to resolve this funding issue.*"

Another dilemma from a Metis perspective is the lack of a coordinated approach for Metis children in care. The lack of proper identification for Metis children in the child welfare system is problematic.

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3. Factors Contributing to Caseload Growth in Aboriginal Communities

Several themes were identified in this section. There is a view that 1993 cuts to SFI has had an impact on the caseload growth for Aboriginal children in care. The mobility of Aboriginal people may have caused some increases, especially in urban areas.

The shorter time-lines imposed by judges may increase the number of PGO children. Service providers saw an increase in reporting as well because services are "accessible and less threatening." The trust has grown in services closer to home. As one worker put it: "*Extended family members are coming forward more than they used to; they refuse to continue to enable other family members.*"

In communities with high employment the influence of hard drugs such as crack and cocaine were reported as having an impact on the increase of apprehensions, especially of babies in hospitals.

4. Relationship of Caseload Growth and Staff: Education, Experience and Turnover

Some participants viewed the age and experience of staff as relevant to caseload growth. "For the most part, staff going into our communities are usually young, white, single, female with no knowledge of families and communities they serve so trust is minimal."

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The need for culturally relevant training in staff was mentioned by many participants. Judgement and bias was seen as still prevalent. What would be beneficial and seen as crucial is to develop positive relationships with Aboriginal communities. This could be emphasized in CPS training. One Aboriginal worker commented: "*The training offered through CPS is just surface information...don't get into what's needed for practice with Aboriginal families...don't deal with racism, colonization etc.*"

Staff turnover was seen as an issue, especially in isolated communities. In one community, the same staff had been there for one year and that

was viewed as exceptional and helpful to create trust in clients. Staff leaves due to lack of support, high caseloads and low wages.

5. Move to Community-Based Services

The move to community-based services was viewed as positive by most participants. This brings services closer to home with more local people involved. Some of the concerns with First Nation agencies included a need for more qualified staff and an improved system of communication with CFSAs.

The move to community-based services was viewed as positive by most participants.

6. Options for Permanency Planning

Kinship care was mentioned as a positive alternative by most participants. Other suggestions included subsidized adoption programs, family connection and reconnection programs, and an improved foster care system which includes proper recruitment, training and support of Aboriginal foster families.

7. In-Home Support and Out-of-Home Care

Three major points were made in this discussion. A continued need for more Aboriginal foster homes and extended family homes; the need for an increase in Aboriginal service providers; and culturally-relevant training of foster parents who care for Aboriginal children.

8. Services Off-Reserve and Off-Settlements

Housing was viewed as a need for Aboriginal people living off reserve or settlement. Many participants spoke of the need for an advocacy or mentoring service to provide assistance and information to Aboriginal families moving into an urban area. An inner city worker stated: "*The transition of people is difficult - language problems, situations of family violence, poverty, gangs...a lot to deal with. We need more Aboriginal agencies to deal with these problems.*"

A continued need for more Aboriginal foster homes and extended family homes; the need for an increase in Aboriginal service providers; and culturally-relevant training of foster parents who care for Aboriginal children.

Many service providers emphasized the importance of continuity of service from home communities to a new area of residence. Specific agencies such as off-reserve First Nations agencies and the expansion of Metis Child and Family Services were seen as necessary.

The vision of Aboriginal people is to have all services to their children and families delivered by Aboriginal people. First Nations believe that they should receive delegation for off-reserve services to provide services to their children wherever they reside. The Metis peoples believe that they should deliver child welfare services to all Metis children and families.

H. Good Practice in Children's Services

Good Practice Leads to Good Outcomes for Children

Following good practice principles is connected to caseload growth. When good practice results in good outcomes children often no longer require the services of the child protection system. There are some basic principles of good practice that should guide social work practitioners in child protection settings.

- A properly done *assessment* is key to effective intervention. An assessment based on incomplete information or done inadequately means that whatever interventions occur are likely to be ineffective. The worker needs both time and skill to gain a thorough understanding of each child and family's situation. Without that thorough understanding of the situation, planning for that child and family is not likely to be helpful in moving them toward independence from the child welfare system.

There is little point in removing a child from a poor environment unless serious work is going to be done with the family in order to improve the environment the child will re-enter.

- Concentrated work with a family must be done to address the ***problems that brought them in contact with the child welfare system in the first place***. Particularly if a child is placed in out of home care, careful work needs to be done with the family or there is little hope of reunification. There is little point in removing a child from a poor environment unless serious work is going to be done with the family in order to improve the environment the child will re-enter.

Every child is entitled to live in a family, if not his own, then another family that will provide him with permanence and the opportunity to grow and develop to his full potential.

- ***Permanency planning*** is a critical policy and practice mandate in child welfare. Every child is entitled to live in a family, if not his own, then another family that will provide him with permanence and the opportunity to grow and develop to his full potential. In the modern world of child welfare services, agencies are increasingly being judged on the basis of their success in assuring permanent living arrangements and continuity of relationships for all children who come to their attention.

Along with permanency planning, inclusive practice is identified as a critical element in successful outcomes for children in care.

- ***Inclusion of natural parents*** in the planning for their children must take place whenever possible. When the focus is on strengths rather than on pathology, natural parents can often become partners in the mutual effort to get a child home again. Along with permanency planning, inclusive practice is identified as a critical element in successful outcomes for children in care.

- ***Culturally sensitive services*** to strengthen the connections of Aboriginal children to their families, communities and culture are necessary. Provision of services by staff from the same background is always preferred, but until that is possible, staff must receive culturally congruent training. Culturally congruent out-of-home placements are preferable and must be developed. When they are

not available, alternative measures must be employed to ensure that children's cultural needs are respected and responded to.

- ***Follow-up after a child returns home*** is critical to preventing a return to out-of-home care. It is often not well understood that the return of a child home is as traumatic to the child and family as his removal. Although limitations of this study did not allow further examination, the inevitable question is how many of 'case reopens' would have been prevented had adequate aftercare services been in place.

It is often not well under-stood that the return of a child home is as traumatic to the child and family as his removal.

- An important practice issue in child welfare work, and in many ways the foundation of successful and satisfying work, is the ability to form ***meaningful relationships*** with vulnerable children and families. These relationships are critical to outcomes because for their work to be successful, children must view child welfare workers as both available and responsive (Dozier, Cue and Barnett, 1994). Interactions must be predictable, appropriate, and welcomed over an extended period of time to establish a pattern on which children and families can depend and anticipate. The ability to form meaningful relationships is seriously compromised by the current rate of staff turnover and the size of individual caseloads.

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These are practices that will optimize the strengths of the child and family, and will go a long way toward maintaining the integrity of the family so that the child may eventually return, or alternate permanent plans made when it is clear that the family cannot parent the child satisfactorily. These practices require manageable caseloads, high quality supervision, knowledge of permanency planning principles, access to a range of community resources, and willingness to explore a range of options for each child and family.

Although further evaluative research is certainly needed in the child welfare field, it is unacceptable for a modern service delivery system to overlook ***previous practice demonstrations, current practice wisdom and the growing body of good research that is available.*** Unfortunately, agencies and organizations that are mandated to protect vulnerable children have often responded to crises in numbers by implementing currently popular interventions, which at best have provided short-term relief. Examples of these remedies include:

Unfortunately, agencies and organizations that are mandated to protect vulnerable children have often responded to crises in numbers by implementing currently popular interventions, which at best have provided short-term relief.

- some intensive family preservation models
- in-home family support
- short term parenting courses
- family reunification
- individual counselling
- family counselling
- family group conferencing

All of these interventions are valuable and potentially effective when they are part of a 'menu' of resources or tools available to child welfare staff and the families they serve, and when they are applied very selectively after careful assessment of particular family situations. Unfortunately they tend to be applied broadly, when in fact each intervention model is probably appropriate and potentially helpful to only a selected minority of children and families at hand.

The current preoccupation with *assessment* of risk may mean that there is too little time given to considering the needs of the whole family and what could be done to make the family a safe and supportive place for the child (Callahan et al 1998). *Early intervention programs*, designed to provide the sort of healthy community that will prevent problems that require child welfare involvement are currently receiving wide support, and although no one would argue against the practicality of this approach, the effects on caseload growth must be understood as gradual and long term. An accompanying move that has growing support is the *inclusion of preventive principles within the mandate of child protection*, so that children and families in difficulty can be identified and given necessary supports by the child protection system before the problems become severe and entrenched.

Whatever range of interventions are used, the common denominator throughout the world of social work practice in child protection is support for the idea of keeping children in their own homes whenever possible, and for maintaining contact between children and their natural parents when placement is necessary.

Whatever range of interventions are used, the common denominator throughout the world of social work practice in child protection is support for the idea of keeping children in their own homes whenever possible, and for maintaining contact between children and their natural parents when placement is necessary. With good practice principles consistently applied, the resources of the child welfare system will be effectively used, and children and families will be well served.

I. CONNECTING THE DOTS

Caseload growth has challenged governments, child welfare policy makers, researchers and practitioners in many jurisdictions over many years. Although various single causes are often suggested, what has been learned is that when caseload growth increases at a rate that seems to exceed the norm there is never a simple reason. ***The common thread is that caseload growth is complex, many layered and multi-causal.***

Five factors emerged as the result of the literature review, consultation with stakeholders, examination of existing documentation and secondary analysis of child welfare and human resource data.

1. Socio-economic Factors
2. Organizational Factors
3. Human Resource Factors
4. Complexity of Practice
5. Move to Community Based Services

The first four factors are significant in terms of their effect on caseload growth. The fifth factor, the move to community-based services, was in its early stages during the period of significant growth in the child welfare caseload. In some areas this transition has had an effect on caseload growth, however it is too early to determine its eventual effect.

Perhaps the most significant conclusion of this rather complex study is that the causes of caseload growth are so interrelated that it is virtually impossible to consider any of them in isolation.

Perhaps the most significant conclusion of this rather complex study is that the causes of caseload growth are so interrelated that it is virtually impossible to consider any of them in isolation. It is vitally important to understand this aspect of the study since it also applies to the recommendations and strategies for improving services to children and families. Many of the recommendations and accompanying strategies are not new. However, these findings suggest that previous attempts to address the issues identified in this report have been not always been successful, because their implementation has not been based on an understanding of the interrelationship of the multiple factors which are part of caseload growth.

The themes in Cavanagh (1983), Thomlison (1984), Walters (1993), Child Welfare League of Canada (1997), Herbert and Kinjerski, (1998), for example are strikingly similar. The recommendations of these previous reports focused on qualifications and training of staff, staff morale, supervision, lack of adequate case management and permanency planning, the lack of cultural congruity in services to Aboriginal children, size of child welfare caseloads, extraordinary turnover of child welfare staff, poverty in Alberta, and organizational

impediments to good practice. These historical recommendations should add impetus to those included in this report.

These initiatives have potential to positively impact services to children and families, but only if they are implemented as part of a 'grand plan' to address child welfare caseload growth in Alberta.

Any new initiatives must be part of a broadly based plan which takes all five factors into consideration. Some initiatives that are currently under way are the Children's Mental Health Initiative, Review of Unified Family Court, Children's Initiative, Workload Standards Project, Permanency Planning Project, Student Health Initiative and Youth Secretariat. These initiatives have potential to positively impact services to children and families, but only if they are implemented as part of a 'grand plan' to address child welfare caseload growth in Alberta. The causes of caseload growth are inextricably linked to one another, to the recommendations, to the strategies and to the needs of children and families. ***The dots must be connected.***

J. RECOMMENDATIONS

Improving Services for Children and Families

While reviewing these recommendations, it is important to remember that the period of significant caseload growth occurred prior to the implementation of the Regional Authorities. It is apparent that many of the issues identified in this report, have also been identified in the CFSA Business Plans. Many of the goals and strategies of the Business Plans are congruent with the recommendations in this report.

It is recommended to the Minister that:

1. **Families with dependent children who are receiving welfare have enough income to provide their children with life opportunities similar to those of other children in their communities, using the following strategies:**

   - Collaborate with government colleagues to set increased welfare rates for families with dependent children who are receiving long-term financial assistance.
   - Annually adjust these rates to ensure an adequate standard of living for families with dependent children.
   - Advocate with the Human Resource and Employment Ministry to revise their policies regarding funding extra needs (e.g., damage deposit, children's recreation, telephone and power, emergency groceries, and costs of children returning home for visits) without deducting those costs from next month's cheque, thus acknowledging the ongoing challenges facing families living within the constraints of welfare rates.
   - Advocate with the Human Resource and Employment Ministry to end the claw back of the Canada Child Tax Benefit from families on welfare and children in receipt of the Child in Need benefit.
   - Fund the transfer of the Child in Need program from HR&E to Children's Services.

2. **Child protection services are delivered to every child in a manner that is congruent with the mission of the Ministry of Children's Services, using the following strategies:**

   - Articulate clear provincial standards that reflect the Ministry mission. All work, done at every level in the entire Ministry, by those who deal with budgets, deliver front-line services to children, create policy, manage resources, oversee the operation of the CFSA, should be constantly measured against these standards.
   - Demonstrate active support for the four pillars of the Children's Redesign by specific budgetary decisions that are contingent on making the principles of each pillar operational.
     - *Early intervention* – Ensure that adequate and predictable funding is available to communities for early intervention initiatives. Sanction child protection staff to work with children and families who may be at risk by forming partnerships with community agencies, in order to avoid more costly child protection interventions later on.

- *Integration* – Enlist cooperation of government colleagues for commitment to and active involvement in solving problems of fragmentation of services for children, among Departments of Health and Wellness, Learning, Human Resources and Employment, Justice and Children's Services.
- *Aboriginal* – Require that First Nation and Metis children be served by Aboriginal social workers whenever possible. Ensure the involvement of First Nation and Metis children's communities, and where necessary establish community review panels to ensure decisions are congruent with a child's culture.
- *Community Involvement* – Identify and publicize successful existing partnerships between mandated service providers and community agencies and support their replication in other CFSAs and First Nation agencies.

3. **A child-centered bias clearly permeates all legislation, agreements, business plans, protocols, policies and practices that affect Alberta's children, using the following strategies:**

   - Use the concept of a 'children's filter' as recommended by the Children's Forum, to examine potential impact on children and families before implementing new systems, plans, policies and practices.
   - Modify the Child Welfare Information System (CWIS) so that the longitudinal progress of children and families can be systematically tracked, in order to evaluate outcomes and to inform policy development and best practice.
   - Amend current requirements for mandatory CWIS documentation to focus on child-centered information (e.g., assessment of child's situation, specific diagnosis, identification of specific social worker, nature of permanency plan, cultural background).
   - Provide leadership and financial support so that all CFSAs and First Nation agencies will participate in ongoing evaluation of all programs and practices to ensure that they remain child centered.
   - Update and implement workload standards to reflect the reality of demands on front-line staff. Reduce the size of individual caseloads thus optimizing the goal of good services for every child.
   - Reduce the ratio of supervisor to supervisees to reflect case complexity and the inexperience of new staff.
   - Collaborate with the University of Calgary to establish a Child Welfare Research Center in order to provide a continuing base of evidence to inform best practice for Alberta's children and families.

4. **The Department, CFSAs and First Nations Agencies, create organizational environments that facilitate and support staff to do good work, recognizing that positive organizational climates optimize the possibility of good outcomes for children, using the following strategies:**

   - Financially support a public communication initiative that:
     - recognizes and appreciates the challenges faced by front-line staff and
     - informs the general public of the complexity of child welfare work.
   - Recognize examples of exemplary practice and good outcomes for children through a showcase of good practice, public announcements, presentations at conferences, Ministerial recognition of individual worker excellence, and nomination for awards.
   - Clarify the role and relationship between the Department and the CFSAs including how information from the Department is expected to influence service delivery. For example, demonstrate ways in which the work of the Best Practice Unit will be utilized.
   - In cooperation with the CFSAs and First Nations Agencies, review the paper flow within the Ministry, with the goal of reducing time spent by both front-line staff and supervisors dealing with administrative paper requirements instead of working directly with children and families.

5. **The standard of BSW be the minimum educational requirement for front-line social workers and supervisors in child protection; and that intensive job specific training be mandatory for all staff prior to assuming case or supervisory responsibilities, regardless of educational preparation, using the following strategies:**

   - Provide financial incentives and support (e.g. special learning accounts, flexible work hours, job sharing, leave of absence) for current social work staff to work toward BSW degrees and for potential or existing supervisors to complete MSW degrees.
   - Increase the numbers of social work staff with BSW degrees within their own communities by creating a partnership among the Ministries of Learning, Children's Services, universities and approved community colleges, to develop and locally deliver a social work degree program tailored to the needs of communities in various locations across the province.
   - Implement a team approach to child protection work, that enables staff with a variety of educational backgrounds to be part of a team under the leadership of a social worker with a BSW, thus maximizing good service to children and increasing the possibility of continuity when some staff leave.
   - Communicate to staff the need to recognize the right of children and families to know the qualifications of those who are providing service to them.
   - Using the existing Trainee Program as a model, develop an intensive, job-specific training program (which should incorporate what is currently known as Child Protective Services (CPS) training). This training program should be developed and funded by The Ministry in cooperation with the CFSAs and First Nation agencies and must be mandatory for all new staff, regardless of educational background.

- Partner with First Nation agencies and Indian and Northern Affairs Canada to facilitate the development of similar Training Program for staff from First Nations agencies.
- The Ministry in cooperation with the CFSAs and First Nation agencies develop a curriculum for specialized, comprehensive supervisory training in recognition of the importance of skilled educational, supportive and administrative supervision in child protection.
- Make cultural awareness training mandatory for all staff to increase emphasis on skills and knowledge for working with Aboriginal children and families in all training.
- Ensure that all CFSA staff are informed about the First Nations child welfare agreements, the Metis Nation of Alberta Framework Agreement, and establishment of Region 18. Collaborate with First Nations Liaison Units, the First Nations agencies, Metis Nation of Alberta and the Metis Settlements Region 18 to make staff aware of the impact on their work.
- Work with community colleges, universities and other ministries to create opportunities for continuing education and training for current staff, (e.g., in-service training, best practice forums and mentorship). Content should include knowledge deficits identified by staff and their supervisors (e.g., family violence, substance abuse, mental health issues, FAE/FAS, ADD).
- Work with the Alberta College of Social Work to ensure that continuing education initiatives are congruent with the requirements of the upcoming Health Professions Act.

6. **Retention and recruitment of qualified staff be made a matter of the highest priority, recognizing that a stable and experienced workforce is critical to good outcomes for children, using the following strategies:**
   - Recognize and utilize the connections between the prior recommendations and recruitment and retention.
   - Increase social work and supervisory staff salaries so that they are commensurate with the complexity of the work and are competitive with other agencies, other government departments and other provinces.
   - Suggest that CFSAs and First Nations agencies solicit, from current staff, suggestions about strategies to attract and retain qualified staff. An implementation plan based on these strategies should be included in Business Plans and Child Welfare Agreements.
   - Assess the impact of worker movements on children and families, using an expanded definition of 'turnover' which considers turnover to have occurred each time a child gets a new worker (the definition would include, for example, child welfare staff who are promoted, who transfer within the system or to another program).
   - Continue to support the work of the Aboriginal Recruitment and Retention Committee in order to increase the numbers of Aboriginal staff.
   - Require personnel staff in CFSAs and First Nations agencies to implement an exit interview process to identify reasons for leaving and recommendations for retention of staff.

- The Ministry in conjunction with the CFSAs and First Nations agencies establish a plan to identify and prepare potential supervisors in order to respond to the need for skilled supervision, to reduce the supervisor – worker ratio and in anticipation of future turnover of current supervisory staff.
- CFSAs and First Nations agencies partner with educational institutions to identify local educational needs and to facilitate maximum involvement in the BSW program by local people in order to increase the number of qualified Aboriginal staff to deliver child welfare services.
- Make provincial government bursaries available to students who are willing to make a commitment to working in child welfare.

7. **The needs of First Nations and Metis children receiving child protection services in Alberta are made a priority by supporting the work of First Nations agencies and CFSAs, using the following strategies:**
   - Facilitate and fund the development of formal protocols between First Nations and CFSAs to promote positive working relationships and improve outcomes for children and families.
   - Assist First Nations in negotiating with the federal government for funding agreements that reflect the reality of their child welfare needs, and the importance of early interventions.
   - Develop and formalize a range of permanency planning options for Aboriginal children in care as identified in the Permanency Planning for First Nations Children Discussion Paper (1999).
   - Provide resources for the recruitment, training and support of alternative placements for First Nation and Metis children in care, and options for in-home supports, especially in isolated communities.
   - Amend the Child Welfare Act to formally recognize the rights of Metis children in a way similar to that of First Nation children (S. 73).
   - Assist the First Nations to develop their own child welfare standards.
   - Increase funding to CFSAs in order to increase services that help strengthen connections to families, communities and culture to Metis and First Nation children through the Family Ties program. Maintain funding based on demonstration of connection of First Nation and Metis children to their families, settlements and reserves.

8. **Good outcomes for all children receiving child protection services be optimized by requiring CFSAs and First Nations Agencies to be accountable for skilled, comprehensive and timely planning for each child in care using the following strategies:**
   - Review cases of all children in care (under permanent or temporary guardianship orders) to ensure that permanent plans are being implemented for each child.

- Appoint review panels composed of community professionals and external community members, whose role would be to review the status of each child under a Permanent Guardianship Order to ensure that there is a timely and appropriate plan and that no child is kept in care without a permanent placement.
- Create and fund options to facilitate permanent plans for all children, for example, custom adoption, formalized kinship care, subsidized private guardianship, and the return of children under PGO to their biological family when it is in the best interest of the children.
- Increase options for placement and treatment resources needed for effective planning for children.
- Examine the reasons for the significant number of children re-entering the system with a view to improving practice so that children will be less likely to need repeated services.
- Encourage the practice of intervening early with families at risk in order to reduce the number of children requiring ongoing and more intrusive child protection services.
- Encourage front-line staff to work with natural families to enhance the possibility that each child in an out-of-home placement can have a safe and timely return home, when appropriate.
- Revise financial compensation policies to caregivers to reflect the needs of children.
  - Make financial compensation equitable for all foster parents providing comparable services regardless of the employing foster care agency.
  - Amend eligibility for post adoption maintenance to reflect the needs of children and not the financial resources of adoptive parents thus facilitating permanency planning for children.

9. **The Children's Ministry take a leadership role in working with colleagues in Learning, Health and Wellness, Human Resources and Employment and Justice in order to achieve full integration of services for children in Alberta, using the following strategies:**

- Staff of the Ministry solicit input from the First Nations agencies and CFSAs about court issues throughout the province to submit for consideration by the Unified Family Court Task Force.
- Continue to support the current Children's Mental Health Initiative that involves working across Ministries to improve services to children who need mental health services. Systematically collect and analyze information about the mental health needs of children receiving child protection services to better inform the Initiative.
- Promote collaboration between CFSAs and First Nations agencies and Regional Mental Health offices to meet the mental health needs within their own areas.
- Examine the feasibility of legislating integration of services in all government Ministries providing services to children and families (similar to S.10 (a) the Child and Family Services Authorities Act, 1996).
- Integrate financial benefits and child welfare services, e.g., assign a financial benefits worker to child welfare worksites.

- Coordinate efforts with Youth Secretariat on order to meet the needs of youth receiving child protection services, and participate in the development of appropriate responses to Alberta's youth.
- Promote the use of the Joint Protocol developed in Calgary among Child Welfare, Children with Special Needs and Persons With Developmental Disabilities as a model for improving collaboration between in similar parties.

10. **An implementation team to include members of the current steering committee be appointed in order to prioritize these recommendations and oversee their implementation within specific achievable time lines.**

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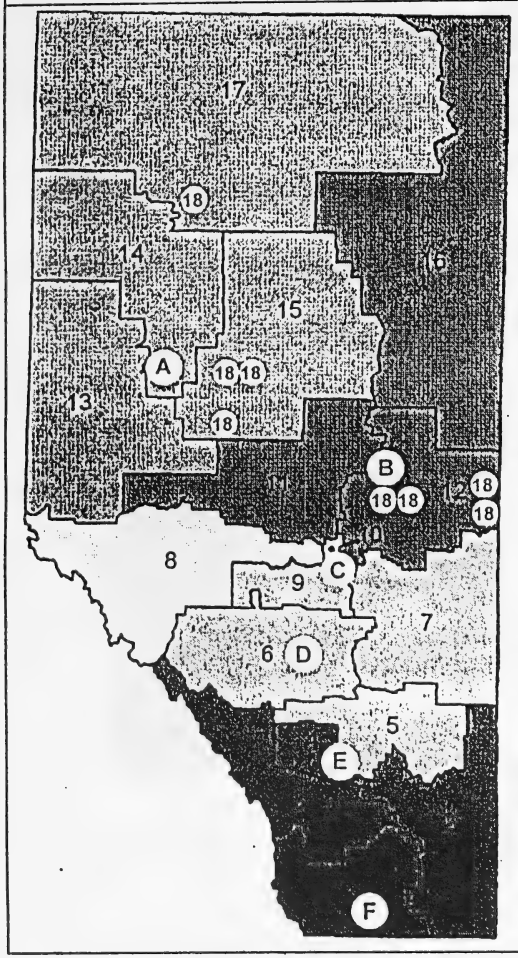
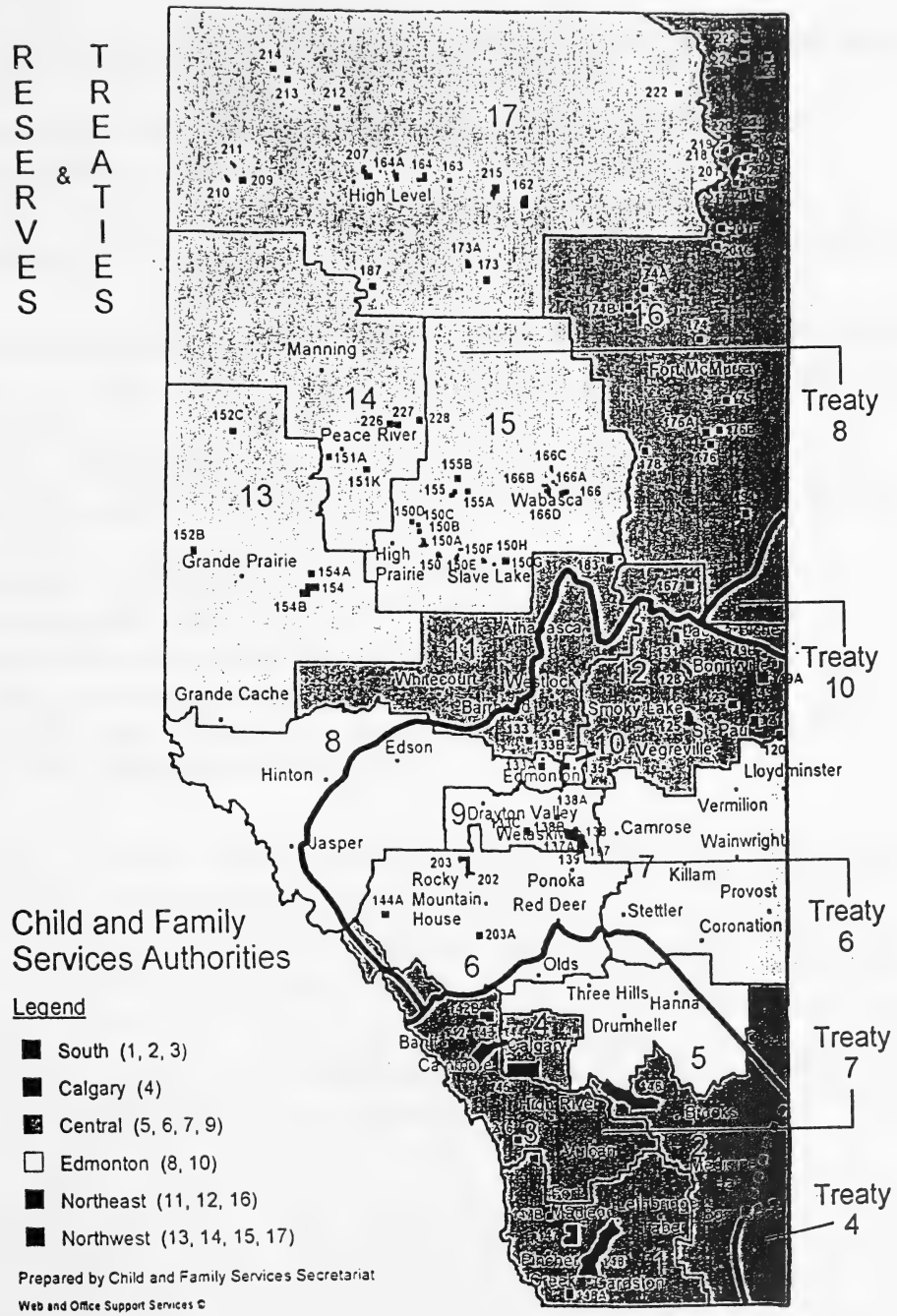
APPENDIX A – CFSA MAP



Key	CFS Authority Name and Some Related Municipalities	SSSC Rgn	CEO	Co-Chairs
1	Sun Country: Lethbridge, Taber, Fort MacLeod, Pincher Creek, Cardston	Sth	Craig Brown ..... (403) 381-5570 craig.t.brown@fss.gov.ab.ca	Don Funk Sharon Holtman
2	Southeast Alberta: Medicine Hat, Brooks, Oyen, Bow Island	Sth	Bryan Heninger..... (403) 529-3756 bryan.heninger@gov.ab.ca	Gitta Hashizume Deborah Lloyd
3	Windsong: High River, Banff, Canmore, Vulcan, Black Diamond, Turner Valley, Claresholm	Cgy	Larry Mathieson ..... (403) 652-8332 larry.mathieson@fss.gov.ab.ca	Dodie Gaudry
4	Calgary Rocky View: Calgary, Airdrie, Cochrane	Cgy	Bill Meade ..... (403) 297-8080 bill.meade@gov.ab.ca	Art Cunningham David Pickersgill
5	Hearthstone: Three Hills, Didsbury, Drumheller, Hanna, Strathmore	Cen	Jon Reeves ..... 403) 443-8535 jon.reeves@gov.ab.ca	Wil Porat
6	Diamond Willow: Red Deer, Ponoka, Olds, Rocky Mountain House	Cen	Ann Nicol ..... (403) 341-8642 ann.nicol@gov.ab.ca	Roger Clarke Sarah Schug
7	Ribstone: Killam, Stettler, Camrose, Vermilion, Lloydminster, Wainwright, Tofield, Provost, Consort	Cen	Paul Bujold ..... (780) 385-7160 paul.bujold@gov.ab.ca	Cathy Charlton Sharon Sawchuk
8	West Yellowhead: Stony Plain, Devon, Spruce Grove, Wildwood, Edson, Hinton, Jasper	Edm	Dave Regehr ..... (780) 968-6536 dave.regehr@fss.gov.ab.ca	Marie Anstey Doug Stephenson
9	Keystone: Drayton Valley, Wetaskiwin, MD of Brazeau	Cen	David Tunney ..... (780) 621-4024 david.tunney@gov.ab.ca	Gerry Donahue Marilyn Dunn
10	Ma'mowe Capital Region: Edmonton, Leduc, St. Albert, Sherwood Park	Edm	Steven Brown ..... (780) 422-2204 steven.brown@fss.gov.ab.ca	Garry Gairdner Morley Handford
11	Sakaw-Askiy (Woodlands): Athabasca, Barrhead, Westlock, Whitecourt, Morinville, Fox Creek, Swan Hills, Fort Assiniborne, Mayerthorpe, Boyle, Grassland, Calling Lake, Smith	NE	Harry Oswin ..... (780) 349-5478 children.services11@gov.ab.ca	Micky Ross-Carleton Loretta Gladue
12	Sakaigun Asky: Lac La Biche, St. Paul, Cold Lake, Bonnyville, Vegreville, Smoky Lake, Fort Saskatchewan	NE	Elden Block *(Acting)* .... (780) 826-8058 elden.block@gov.ab.ca	Larry Langager Ralph Whitford
13	Grande Prairie, Grande Cache, Valleyview, Fairview, Grimshaw, Berwyn	NW	Carole Anne Patenaude. (780) 538-5248 caroleanne.patenaude@gov.ab.ca	Claudia Buck
14	Peace River, McLennan, Smoky River, Nampa, Manning, Falher, Donnelly, Girouxville	NW	Geoff Milligan ..... (780) 624-6367 geoff.milligan@gov.ab.ca	Dianne Lavoie
15	Neegan Awas'sak: Slave Lake, High Prairie, Wabasca, Red Earth Creek	NW	Fred Bonnell ..... (780) 849-7149 fred.bonnell@gov.ab.ca	Dexter Dombro
16	Awasak: Fort McMurray, Fort Chipewyan, Fort McKay, Anzac, Janvier, Conklin	NE	Lori Cooper..... (780) 743-7462 lori.cooper@gov.ab.ca	Mike Noon Merle Rudiak
17	Silver Birch: High Level, Rainbow Lake, Lacrete, Assumption, Fort Vermilion	NW	Ken Crosby..... (780) 926-5463 ken.crosby@gov.ab.ca	
18	Metis Settlements	Edm	Lillian Parenteau ..... (780) 415-6170 lillian.parenteau@fss.gov.ab.ca	Sonya Kobelsky

APPENDIX B – RESERVES AND TREATIES MAP



APPENDIX C – RESPONSIBILITIES OF GOVERNMENT AND CFSA AND DESCRIPTION OF AGREEMENT WITH FIRST NATIONS

The Child and Family Services Authority (CFSA) Act (1996) identifies the responsibility of the government:

- set objectives and strategic direction for the provision of child and family services,
- establish policies and standards,
- monitor and assess the Authorities in the carrying out of their responsibilities,
- allocate funding and other resources, and to provide administrative and other support services.

The Child and Family Services Authority Act (1996) identifies these responsibilities of the Authorities:

- promote the safety, security, well-being and integrity of children, families and other members of the community,
- planning and managing the provision of child and family services,
- determining priorities in the provision of child and family services and allocating resources accordingly,
- assessing on an ongoing basis the social and other related needs of the region,
- ensuring reasonable access to quality child and family services,
- ensuring that policies and standards established by the government are followed,
- monitoring and assessing the provision of child and family services, and
- working with other Authorities, the Government and other public and private bodies to co-ordinate the provision of child and family services.

As described in the Child Welfare Handbook, Alberta's first formal commitment to the delivery of Aboriginal child welfare services by Aboriginal agencies came with the signing of the 1973 Blackfoot (Siksika)-Canada-Alberta Child Welfare Agreement. Today, the majority of on Reserve child welfare services are delivered by First Nation Child and Family Service agencies. Under these agreements, Alberta has or will provided delegations of authority under the Child Welfare Act necessary to enable these agencies to provide a full range of child welfare services within the geographical boundaries of the Reserves of their respective member First Nations. The agencies, who have been given delegated authority, deliver services as per the Child Welfare Act, its regulations, departmental policies, standards and procedures until such time that the agencies have their own. (Aboriginal Child Welfare, CWH, 1997)

APPENDIX D – CONSULTATION LIST

Provincial

- Children's Advocate and Staff
- Aboriginal Co-Chairs
- CEO's
- Appeal Panel
- First Nation Agency Directors
- Youth Secretariat
- Alberta Association of Services to Children and Families
- Executive Director, Child Serving Organization

Children's Services Ministry

- Deputy Minister
- Northern Children's Advocate
- Representation from the CPS training unit
- Senior Child Welfare Policy/Program staff
- First Nation Liaison Unit
- Program Planner, Adoptions

Service Delivery

- CEO and senior staff – Calgary/Rocky View
- Child Welfare Casework Supervisor, Slave Lake
- PGO/Adoption staff/specialists, Ma'Mowe
- Casework Supervisor, Aboriginal communities, Ft. McMurray
- Child Welfare Manger, Lethbridge
- Casework Supervisor, Red Deer
- Aboriginal Social Workers, Slave Lake
- CEO, rural Regional Authority
- Casework Supervisor, Lac La Biche
- Social Workers, Investigation and Child Welfare Units, Edmonton
- Native Child Welfare Unit, Calgary (22)
- Early Intervention Worker, Westlock
- Program Planner, Metis Settlements
- Previous Aboriginal Child Welfare Worker, now Day Care Coordinator, Athabasca,
- Senior social worker responsible for PGO and adoptions in large urban region
- Regional Team Leader, Drumheller/Hanna
- Regional Manager, Ma'Mowe

- Child Welfare Investigators and Casework Supervisors, Calgary Rocky View
- Intake and Investigation Supervisor, Ft. McMurray
- Crisis Intervention and Support Manager, Westlock/Barrhead/Whitecourt/Athabasca
- Assistant Manager, Ma'Mowe
- Social Workers, Slave Lake
- Foster Care/Adoption Specialist, Lethbridge
- Casework Supervisor, Bonnyville/Cold Lake
- Manager, Drayton Valley
- Child Welfare Casework Supervisors, Ma'Mowe

Service Providers

- Aboriginal service providers (21), Edmonton
- Edmonton Social Planning Council
- Executive Director, Agency, Peace River/Grand Prairie
- Executive Director, Child Serving Agency, Edmonton
- Aboriginal service providers - Central Alberta
- Alberta Association for Services for Children and Families – a group of agency executive directors
- Coordinator of Partners for Youth program
- Counselling and Education Agency, Grande Prairie
- Supervisor of family support program – large family agency

Other

- Peter Duddings, Executive Director, Child Welfare League of Canada
- Nico Trocme, noted child welfare researcher, University of Toronto Faculty of Social Work
- Mothers who have been clients of the child welfare system
- Youths who have been in the care of the child welfare system
- Ontario Association of Children's Aid Societies
- Jean Lafrance, Social Work Program, U of C (part of the National Social Work sector study and primary investigator of Central Alberta project interviewing clients)
- Trish Kumph, Aboriginal Lawyer
- Supervisor, Services to Persons with Disabilities
- Mat Thorpe, Aboriginal Consultant
- Informal discussions at the AARSW conference and the CASW Board meeting
- Candora (parents group on SFI)
- Bruce Uditsky, Executive Director, Alberta Association for Community Living
- Youth (Family Service Association)
- Former District Office Manager of large region in central Alberta
- Former provincial Children's Advocate

Additional Sources of Information

Discussions have also occurred with a variety of Ministry staff, e.g., John McDermott, Resources for Children, Ken Phillips and Marilyn Grieg, Information Management and Analysis, Maureen Mooney and Ted McGreer Children Services Secretariat, CWIS Coordinator, Human Resources and Employment - SFI staff, Human Resource staff

APPENDIX E – STUDY OF ALBERTA CHILD WELFARE CASELOAD GROWTH – PROVINCES AND TERRITORIES

After an eighteen-month period of relative stability, the child welfare caseload in Alberta grew from 7866 in November 1994 to 12,884 in November 1999, representing a 64% increase over the five-year period. Growth was experienced in all age groups and has outstripped provincial population age growth. Similar growth patterns were evident for children in out of home care and for those receiving services in their own homes.

On the recommendation of the Alberta Children's Advocate, the Honourable Iris Evans, Minister of Children's Services has requested an external review of the growth in Alberta's child welfare caseload. As part of the review, caseload trends in other provinces and territories are to be considered. Specifically the study is intended to:

- Identify and analyze factors contributing to the increase in Alberta's child welfare caseload over the past five years and
- Use this analysis as the basis for recommending improvements in service provision to children and families.

We are interested in your province/territory's experience with respect to child welfare caseload growth. We are aware of the variation in provincial/territorial legislation, varying methods of collecting and reporting data, and the resultant difficulties in comparing specific data across provinces or territories.

What we are looking for are trends within each province or territory that indicate general changes in child welfare caseloads.

We would be grateful if you could complete this survey by June 1st and return it to:

Kaizen Solutions for Human Services
82 Lancaster Cr.
St. Albert, AB
T8N 2N8

Questions or comment about this survey can be directed to Val Kinjerski (780) 459-2588 or Margot Herbert (780) 492- 0943.

- Has your province or territory experienced significant changes in child welfare caseload in the last decade? What was the percentage of increase/decrease? Please comment on the reasons for any significant changes.

- In analyzing reasons for caseload growth in Alberta, some particular factors have emerged. We are interested in whether experience in your province/territory would support our hypotheses.

Practice issues

- Is the standard of social work practice a factor in caseload growth? For example, are all case plans based on comprehensive assessments; is there a requirement for individualized permanency planning; are there after-care services for children and families when a child is returned home? Does individual caseload size enable 'best practice'?

Aboriginal issues

- Are there particular factors contributing to the increasing number of Aboriginal children within the system? Have changes such as the move toward culturally congruent permanency planning and delivery of child welfare services by First Nation agencies resulted in changes in the numbers of aboriginal children in care?

Resource issues

- Has your government imposed general financial restraints, which have impacted growth in child welfare caseload? For example, have the mandates of other child serving organizations been narrowed? Is there a shortage of child welfare placement resources?

Socio-economic issues

- Have issues such as poverty, welfare reforms, boom/bust phenomenon, and migration affected caseload size?

Organizational factors

- Has your province/territory experienced organizational changes in the delivery of child welfare services that have affected caseload size? For example, has there been a move to community-based delivery; have there been legislative changes; have you experienced a significant case review?

- Has caseload size been affected by high turnover of staff, lack of experience, and educational background of front-line child welfare staff and supervisors?

We are specifically interested in the area of staffing, and would be grateful if you could provide us with the following information:

What proportion of your staff have the following qualifications:

Child Welfare Workers		Casework Supervisors	
MSW		MSW	
BSW		BSW	
SW Diploma		SW Diploma	
Related Degree		Related Degree	
Other (please specify)		Other (please specify)	

Currently, what is the work experience of your staff:

Years of Experience with Employer	Child Welfare Workers	Casework Supervisors
Less Than 2 Years		
2-5 Years		
More Than 5 Years		

What is the salary range for:

	Child Welfare Workers	Casework Supervisors
MSW		
BSW		
SW Diploma		
Related Degree		
Other (please specify)		

Please include any additional comments here.

We would appreciate having a contact person in your province or territory who the researchers may contact for further information.

Name: _____ Phone: _____

Thank you very much for participating in this project.

APPENDIX F – STUDY OF ALBERTA CHILD WELFARE CASELOAD GROWTH – SURVEY OF ALBERTA'S CEOS

After an eighteen-month period of relative stability, the child welfare caseload in Alberta grew from 7866 in November 1994 to 12,884 in November 1999, representing a 64% increase over the five-year period. Growth was experienced in all age groups and has outstripped provincial population age growth. Similar growth patterns were evident for children in out of home care and for those receiving services in their own homes.

On the recommendation of Alberta's Children's Advocate, the Honourable Iris Evans, Minister of Children's Services has requested an external review of the growth in Alberta's child welfare caseload. Specifically the study is intended to:

- identify and analyze factors contributing to the increase in Alberta's child welfare caseload over the past five years and
- use this analysis as the basis for recommending improvements in service provision to children and families.

In analyzing the reasons for this growth, some particular factors have emerged. Generally those factors have to do with:

- Practice issues
- Aboriginal issues
- Resource issues
- Socio-economic issues
- Organizational factors

We are interested in your region's experience with respect to child welfare caseload growth. We are particularly interested to know if any changes in your region would be congruent with the factors above.

Questions or comment about this survey can be directed to Val Kinjerski (780) 459-2588 or Margot Herbert (780) 492- 0943.

We would be most appreciative if you could complete this survey by June 1st and return it to:

Kaizen Solutions for Human Services
82 Lancaster Cr.
St. Albert, AB
T8N 2N8

Thank you for your cooperation.

Below are some of our preliminary research questions. We would appreciate your comment on each of these in relation to your region.

1. Have the worksites in your region experienced significant changes in child welfare caseload since 1994? Please comment on the reasons for any significant changes.

2. Is the standard of social work practice a factor in caseload growth? For example, are all case plans based on comprehensive assessments; is there a requirement for individualized permanency planning; are there after-care services for children and families when a child is returned home; does individual caseload size enable 'best practice'?

3. Are there particular factors contributing to the increasing number of Aboriginal children within the system (e.g., move toward culturally congruent permanency planning, delivery of child welfare services by First Nation agencies)?

4. Has growth in child welfare caseload been impacted by financial restraint imposed by government (e.g., narrowing of mandates of child welfare or other child serving organizations, shortage of child welfare placement resources)?

5. Have socio-economic issues affected caseload size (e.g., poverty, welfare reforms, boom/bust phenomenon, migration)?

6. Have organizational changes in the delivery of child welfare services affected caseload size (e.g., move to community-based delivery, legislative changes, significant case review)?

7. Has staff turnover, lack of experience and educational background of front-line child welfare staff and supervisors affected caseload size?

8. Is there anything particular to your region that would have impacted the child welfare caseload?

Please identify any documents/research (and how to obtain them) completed in your region that could further inform this project.

Is there a person in your region who has particular knowledge/expertise that would further inform this project and that the researchers could follow up with? If so, please identify:

Name: _____ Phone: _____

Thank you very much for participating in this project.

Val Kinjerski, MSW, RSW
Kaizen Solutions for Human Services

Margot Herbert, MSW, RSW
Almo Holdings

APPENDIX G – STUDY OF ALBERTA CHILD WELFARE CASELOAD GROWTH – SURVEY OF ALBERTA'S CHILD WELFARE WORKERS AND CASEWORK SUPERVISORS

After an eighteen-month period of relative stability, the child welfare caseload in Alberta grew from 7866 in November 1994 to 12,884 in November 1999 representing a 64% increase over the five-year period. Growth was experienced in all age groups and has outstripped provincial population age growth. Similar growth patterns were evident for children in out of home care and for those receiving services in their own homes. Other jurisdictions have experienced increases but apparently not to the same extent as Alberta.

The Honourable Iris Evans, Minister of Children's Services has requested an external review of the growth in Alberta's child welfare caseload. Specifically the study is intended to:

- Identify and analyze factors contributing to the increase in Alberta's child welfare caseload over the past five years and
- Use this analysis as the basis for recommending improvements in service provision to children and families.

We are interested in your experience with respect to child welfare caseload growth and are requesting your cooperation in completing the attached questionnaire. We would be grateful if you could complete this survey by June 1st and return it as an e-mail attachment to: kaizen@ interbaun.com or by regular mail to:

Kaizen Solutions for Human Services
82 Lancaster Cr.
St. Albert, AB
T8N 2N8

Please note that all responses will remain anonymous, and will be reported only as part of the total collected responses. Individual respondents will not be identified, and questionnaires will be destroyed once the results are collated..

Questions or comment about this survey can be directed to Val Kinjerski (780) 459-2588 or Margot Herbert (780) 492- 0943.

In analyzing the reasons for caseload growth in Alberta, some particular factors have emerged. Generally those factors have to do with:

- Practice issues
- Aboriginal issues
- Resource issues
- Socio-economic issues
- Organizational factors

In your opinion, have any of the following factors influenced child welfare caseload growth in your region? Please enter the appropriate number in the box at right.:

1-Caused caseload to decrease	2-Had no impact on caseload	3-Caused some caseload growth	4-Caused significant caseload growth	N/O-No Opinion

	1 2 3 4 N/O
1. High turnover of child welfare staff	
2. Many families have inadequate income	
3. Welfare reforms (effective since 1993)	
4. Many families of Aboriginal origin	
5. Many families headed by single parents	
6. Permanency planning alternatives not always available	
7. Court decisions about plan for children	
8. Availability of appropriate out-of-home placements	
9. Availability of resources to maintain children in their own homes	
10. Availability of follow-up services to families when children are returned home	
11. Barriers to adoption of children with PGO status	
12. Delivery of child welfare services by First Nations agencies	
13. Delivery of child welfare services by Regional Authority	
14. Narrowing of mandates of other child serving organizations	
15. Nature of difficulties of children and families requiring child protective services	
16. Policy decision to no longer financially support 16 and 17 year olds through the Supports for Independence program	
17. Economic fluctuations in your region	
18. Population movement affecting your community	
19. Children receiving child protection services having multiple workers	
20. Children in out of home placements experiencing multiple placements	
21. 21. Poor standards of child welfare practice	
22. Financial restraints of your employing agency	

Do you believe that appropriate educational preparation for work in child welfare is an issue in your region? Please comment.

If you are aware of any documents/research completed in your region that could further inform this project please indicate below.

Please check:

1. Male _____ Female _____
2. Age 20 – 30 ___ 31 – 40 ___ 41 – 50 ___ 51-60 ___ 0ver 60 ___
3. Name of Regional Authority or First Nations Agency _____
4. Current position _____
5. How long in current position _____
6. Number of years in the child welfare system _____
7. Educational background (Check all that apply).

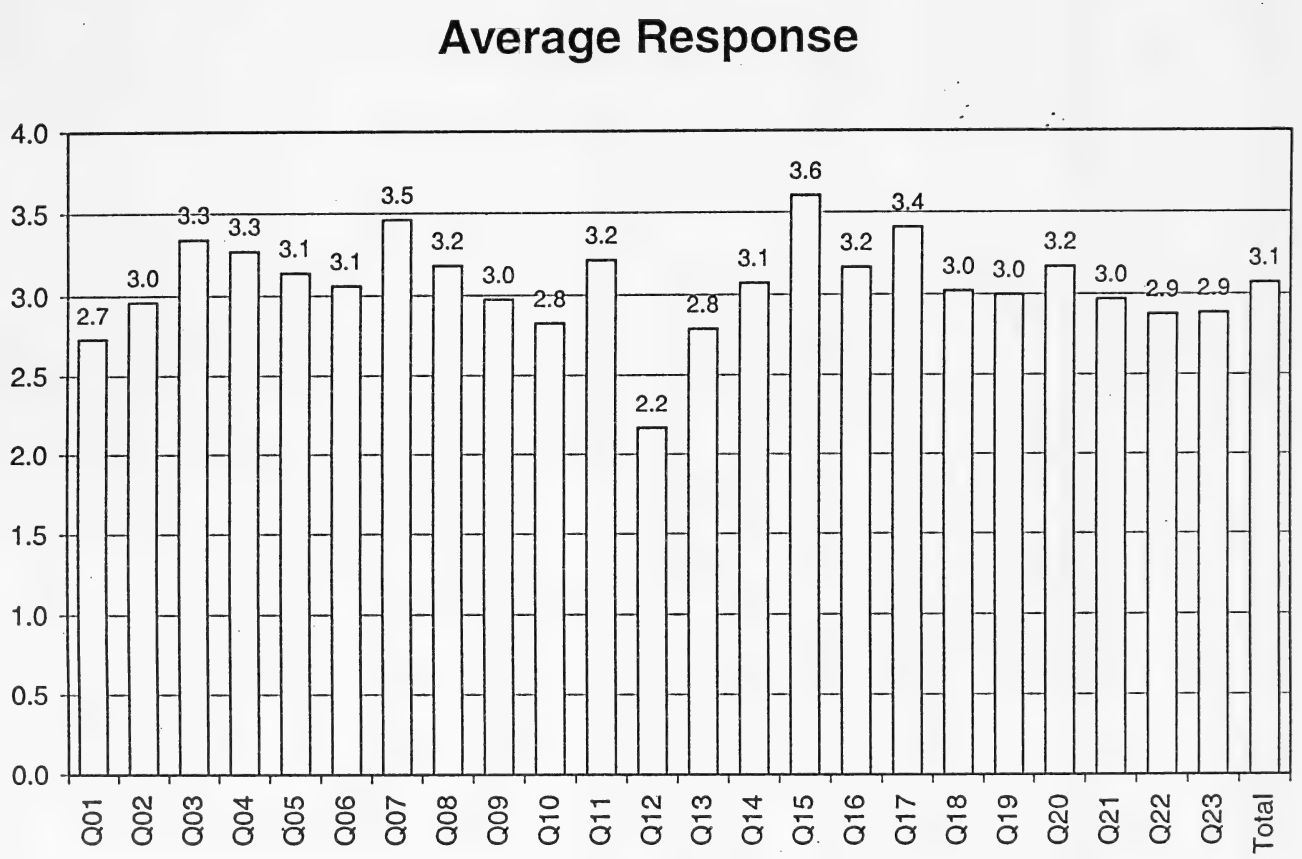
   Community College Diploma _____

   Bachelor of Social Work _____

   Master of Social Work _____

   Other (please specify) _____

APPENDIX H – RESULTS OF SURVEY



APPENDIX I – SOCIAL WORK CLASSIFICATION SYSTEM IN ALBERTA

A Series Review of the Job Classification in Local 006 is being completed in Alberta. In the meantime, Social Worker I positions in Child Welfare have been reclassified to a Social Worker II level. All SW classifications, except SW IV have received a salary increase or acting modifier pending the completion of the review.

The social work classification system for Alberta is:

Classification	Education/Experience Required
Social Worker IV	MSW or comparable Masters Degree
Social Worker III	BSW
Social Worker II	Accepted into BSW/MSW or equivalent Social Work Degree program, plus 3 years experience at the SW 1 level
Social Worker I *	Bachelors Degree (Social Sciences) plus related experience or Diploma (Social Sciences) plus related experience (Equivalencies are based on combination of experience and education)

*Effective November 1998, SWI were reclassified to SWII. There are no longer SWI positions in child welfare.

APPENDIX J – SALARIES IN CHILD PROTECTION

• Alberta	
SW II (social science or related degree/diploma)	$31,464 – $38,472
SW III (BSW)	$33,924 – $41,904
SW IV (MSW)	$36,816 – $45,684
Casework Supervisor	$40,008 – $51,732
• British Columbia	
Child Welfare/Guardianship Worker – SPOG-4	$38,923 – $50,366
Clinical Supervisor – SPOG-5	$48,341 – $55,373
▪ Saskatchewan	
Child Welfare Workers	$33,060 – $43,440
Supervisors (Level 10)	$43,200 – $52,560
Supervisors (Level 11)	$47,520 – $57,816
• Children's Aid Society – Toronto (Internet)	
Front-line Social Worker	$41,470 - $54,544.
▪ New Brunswick	
SW I – SW II	$30,940 – $47,008
SW III (specialist)	$39,650 – $49,270
Supervisor	$42,094 – 52,364
▪ Nova Scotia	
Social Workers	$32,612 – $50,547
Supervisors	$44,846 – $54,856
▪ Northwest Territories	
Social Workers	$53,813 – $61,075
(Community Services Worker III)	(+ Northern Allowance)

APPENDIX K – CHILD WELFARE PREVALENCE – STATISTICAL ANALYSIS

Linear regression was applied with the dependent variable being the Prevalence Rate (i.e., Children with legal authorities as a percent of the total population of the Regional Authority) and the following three measures as independent variables:

a. Average household income for the Regional Authority,

b. Lone-parent households as a percent of total private households for the region, and

c. Aboriginal population as a percentage of the total population for the Regional Authority.

The result of the regression is as follows:

- For every $1,000 increase in the "Average Household Income", the percent of children, as compared to the total population, requiring a legal authority decreases by 0.04%. This is significant at the 90% confidence level.

- For every unit increase in "lone-parent households as a percent of Total Private Households", the percent of children, as compared to the total population, requiring a legal authority increases by 0.16%. This is significant at the 98% confidence level.

- For every unit increase in "aboriginal as a percentage of the Total Population", the percent of children, as compared to the total population, requiring a legal authority increases by 0.07%. This is significant at the 99% confidence level.

APPENDIX L – WORKLOAD STANDARDS DEVELOPMENT PROJECT

A joint working committee of A.U.P.E., CFSAs and department staff was formed to work towards the common goal: *'To have a fully trained, experienced workforce with clearly defined expectations and the time and the resources to carry out those expectations.'*

The committee determined that the rapid growth in caseload has resulted in a number of significant pressures, including:

1. Increasing numbers of staff with less than two years experience is placing significant demands on supervisory staff and experienced workers. The original workload allocation model was developed based on a balanced mix of experienced and new employees to ensure that new staff were not assigned a full caseload until they were able to manage it effectively.
2. Increased demands on experienced staff – with a lower ratio of experienced child welfare staff, these employees are often managing more than a full workload while providing support to the new staff at their work site.
3. Increased turnover – the pressures on new and experienced front-line employees has resulted in high levels of turnover, which contributes to most of the above pressures.
4. Increasing demands on supervisory supports – these supports have not increased to meet the numbers of new staff or the demands of supervising a higher ratio of new employees.
5. Increasing demands on training supports – waitlists for core training that is essential for new employees and fewer resources for professional development for experienced staff.
6. Increased costs of training and recruitment of new employees. The total annual cost of training of new staff in 1997/98 was $340,000.
7. Delays and lack of resources to provide office equipment, administrative supports and basic requirements for new staff.